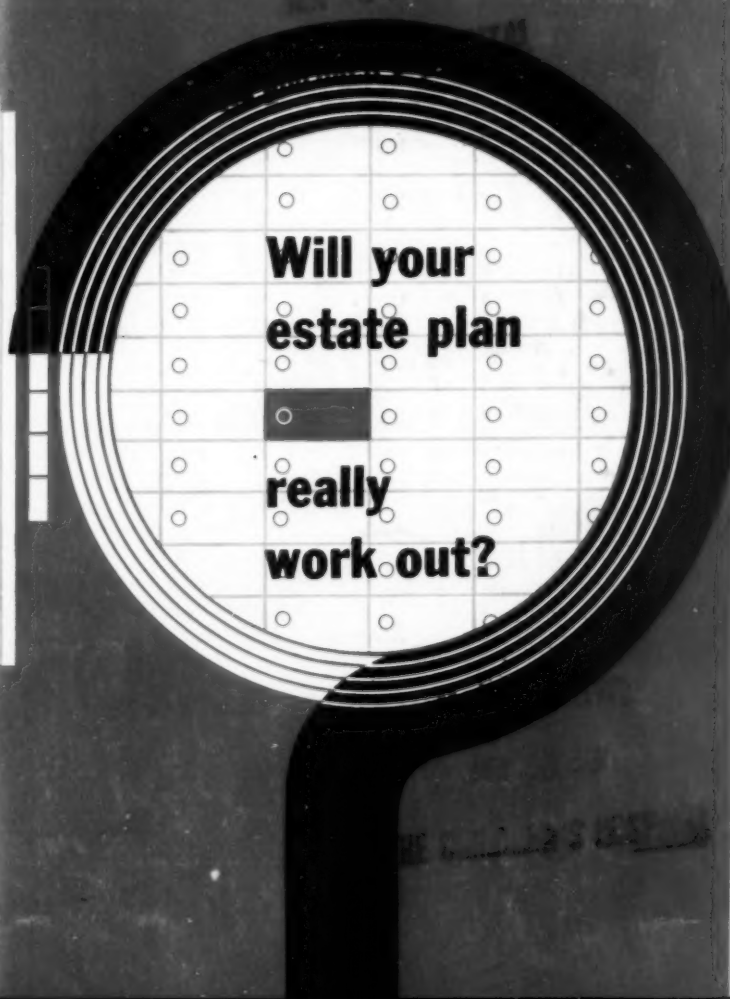


Medical Economics

PUBLISHED EVERY OTHER MONDAY • ISSUE OF NOVEMBER 16, 1958



**Will your
estate plan
really
work out?**

fast

welcome relief of spasm and pain is continuously reported in functional G-I disorders, such as irritable, spastic colon syndrome; peptic ulcer; biliary dyskinesia; pylorospasm; and infant colic.

sure

relief can be expected... even in patients where other antispasmodics have failed.¹⁻³

direct

dual antispasmodic action is specific to the G-I tract. Spasm pain is relieved by direct relaxation of the smooth muscle and postganglionic parasympathetic nerve blockage.

safe

even in the presence of glaucoma⁴... BENTYL does not increase intraocular tension, produce blurred vision, dry mouth or urinary retention.

relief of g-i spasm & pain

Bentyl

1. Chamberlain, D. T.: *Gastroenterology* 17:234, 1951. 2. Hoch, C. W.: *J. M. A. G.* 49:124, 1951. 3. Deronne L.: *Canad. M. A. J.* 69:632, 1953. 4. Cholat, M., Goodstein, S., Berens, G., and Chotul, A.: *J. A. M. A.* 196:1276, 1956.



THE W. S. MERRELL COMPANY
New York • CINCINNATI • St. Thomas, Ontario
Another Exclusive Product of Original Merrell Research

20 mg. t.i.d. (dicyclamine) Hydrochloride

TRADEMARK: "BENTYL"

Medical Economics

NEWS BRIEFS

PATIENTS YOU'VE THOUGHT UNINSURABLE because of poor medical history may not be so now, a study by this magazine indicates. Some 100 conditions that carriers used to shy away from are currently held insurable under substandard-risk policies.

IF YOU GIVE \$25 to your employees' children for Christmas, the gifts are deductible as a business expense, says a recent Tax Court ruling.

FEES FOR EMERGENCY CALLS ARE NOW GUARANTEED by the Philadelphia County (Pa.) Emergency Medical Service. If a patient doesn't pay, the service will: \$7 per late-night call, \$5 for others. But doctors are urged to try to get patients to pay, "as this is not planned as a charity service."

COLLECTING COLORED PILLS IS THE FAD NOW, a New York fashion editor coos. Most popular are "the rose fuchsia penicillin lozenges, the shocking pink hay fever fighters with white midriff bands."

NEWS BRIEFS

IF YOU HAVE TO TELL A PARENT his child must be put in a home for the mentally retarded in order to get proper therapy, you can offer one consolation: The Internal Revenue Service has ruled that every penny of the resultant costs is deductible.

ANTI-VIVISECTIONISTS ARE GOING ALL OUT for 2 new laws, warns Dr. Lester Dragstedt of the National Society for Medical Research. They want to bar Federal grants to institutions that don't abide by a complex animal-care code, and to ban interstate shipments of dogs and cats for experimental use.

FIGHT BETWEEN RIVAL BLUE SHIELD PLANS, which recently split the Wisconsin state medical society, is drawing the fire of that state's press. Says the Milwaukee Journal: "Respect for medical leadership in Wisconsin suffers severely...If the end result should be some drastic legislation to assure...public protection,...the doctors should have no reason for surprise or complaint."

JUNGLE-TYPE MEDICAL ECONOMICS is what the fee-for-service system is called in a new book for laymen, "The Doctor Business." The system is clearly "inadequate," yet organized medicine won't let it change, says Author Richard Carter. He concludes: The doctor's "need for relief from the power of organized medicine is as great as the public's."

THERE'S STILL NO NEAR-BY HOSPITAL for some 2,800,-000 Americans, says the Public Health Service. But that's better than the 1948 figure: 10,000,000.

WHEN 4 DOCTORS RECENTLY SUED the city-owned Pontiac (Mich.) General Hospital for limiting their surgical privileges, medicolegal men discovered that no Michigan law specifically empowers a city hospital to regulate professional practice within its walls. Now the Michigan State Medical Society is asking the Legislature to pass such a law. Otherwise, warns one society spokesman, "there'll be a rash of suits like this all over the state."

IF POPULATION GROWTH ISN'T CHECKED, we'll have standing room only by 2560 A.D., a new United Nations study shows. At today's increase rate, there will be 1 square yard of land per person by then.

THE KAISER PLAN WORKS SO WELL, says Steelworkers' President David McDonald, that he wants "something like it" for his 1,125,000-man union. Following up his earlier threat to withdraw from the Blue plans, he now intends to ask industry to give his workers their own hospitals, plus a health insurance plan that includes comprehensive hospital, home, and office care—probably provided by a closed-panel staff of M.D.s. Freedom of choice? "Just a lot of conversation," says McDonald.

NEWS BRIEFS

THERE ARE MORE AGED NOW, BUT FEWER ON RELIEF than in the '40s, reports the U.S. Government. Reason: They're getting old-age benefits under Social Security. Without such benefits, says the report, 1,800,000 more people over 65 would now need aid.

MEDICARE'S RECENT CHANGES ARE "NOT ACCEPTABLE," the Oklahoma State Medical Association has decided. It has withdrawn its local sponsorship of the program. Among its reasons: "The decision as to type of medical care to be rendered has been placed largely in nonmedical hands."

DIRECT FEDERAL AID TO MEDICAL SCHOOLS is "overdue," believes Dr. Lowell T. Coggeshall, president of the Association of American Medical Colleges. He recently warned that our schools "cannot possibly provide" enough new doctors unless they double their operational budgets in the next 10 years. The only feasible source of such funds, he said, is "direct Federal support."

CERTAIN U.S. BONDS ARE STILL TOPNOTCH BUYS for doctors concerned about how their estate taxes will be paid, say investment counselors. Fourteen series of these bonds are selling at as much as 10% below par. Yet all are redeemable at par in payment of estate taxes. And no capital gains tax is incurred when they're used for this purpose.

Each TUS

TRIAMINIC

(phenylp

pyrilam

Dormetha

methor

Terpin hy

APAP (N

Tussagesic

symptoms

Dosage:

afternoon,

tablet sho

the timed



all cold symptoms

New timed-release tablet provides:

- ...the superior decongestant and antihistaminic action of Triaminic
- ...non-narcotic cough control as effective as with codeine, but without codeine's drawbacks
- ...an expectorant to augment demulcent fluids
- ...the specific antipyretic and analgesic effect of well-tolerated APAP
- ...the prompt and prolonged activity of timed-release medication

Each TUSSAGESIC Tablet contains:

TRIAMINIC®	50 mg.
(phenylpropanolamine HCl)	25 mg.
pheniramine maleate	12.5 mg.
pyrilamine maleate	12.5 mg.
Dormethan (brand of dextromethorphan HBr)	30 mg.
Terpin hydrate	180 mg.
APAP (N-acetyl-para-aminophenol)	325 mg.

Tussagesic Tablets provide relief from *all* cold symptoms in minutes, lasting for hours.

Dosage: One tablet in the morning, mid-afternoon, and in the evening, if needed. The tablet should be swallowed whole to preserve the timed-release action.

To reduce upper respiratory congestion and irritating secretions.

For non-narcotic control of the cough reflex.

To augment demulcent respiratory secretions.

For specific, highly effective antipyresis and analgesia.



first—3 to 4 hours of relief from the outer layer

then—3 to 4 more hours of relief from the inner core

Also available—for those who prefer palatable liquid medication—

Tussagesic suspension

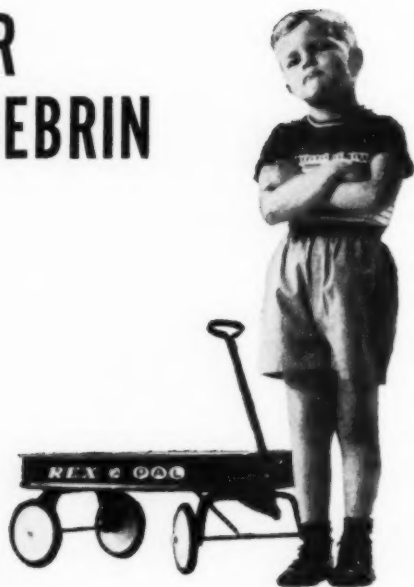
NEW

Tussagesic

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska • Peterborough, Canada

MEDICAL ECONOMICS • NOVEMBER 10, 1958 5

HE'S HOLDING OUT FOR HOMICEBRIN



HOMICEBRIN

(Homogenized Multiple Vitamins, Lilly)

liquid vitamins for the support tots
need . . . the flavor they accept

803001



Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, NOV. 10, 1958

CONTENTS

Now They Ask for Check-Ups! 75

Here's a practice builder that's actually requested by patients—if the doctor plants the idea in the right way

Delayed-Action Suits Can Land You in Court . . 82

It's not enough to know your state's usual statutory time limit on malpractice suits. You've got to be prepared for the exceptions that can stop the legal clock for years and years. Here are five situations to watch out for

And So They Bought the Belgian Embassy 86

After eleven years in a Washington, D.C., medical office building, this group lost its lease. The building was sold, and the doctors were given thirty days to move. Practicing precariously on a month-by-month extension, they frantically searched Washington for office space. Finally, they had to act fast, so they took on this white elephant

Will Your Estate Plan Really Work Out? 92

This true account of how one doctor's errors affected his widow may help you avoid similar unfortunate mistakes

—More ►

Copyright © 1958 by Medical Economics, Inc. All rights reserved under Universal and Pan-American Copyright Conventions. Published fortnightly at Oradell, N.J. Vol. 35, No. 23. Price 50 cents a copy, \$10 a year (Canada and foreign, \$12). Circulation, 145,000 physicians. Address all editorial and business correspondence to MEDICAL ECONOMICS, Oradell, N. J. For change of address, use the form on page 138.

dermatoses

Kenacort with its greater antiallergic, anti-inflammatory and antipruritic activity quickly alleviates the itching, erythema, and irritation in most inflammatory skin conditions.

The table shows the effectiveness of relatively small doses of triamcinolone (Kenacort) in the treatment of some common dermatoses.

Summary of Clinical Effects of Triamcinolone on Dermatoses in Fifty-one Patients.¹

TYPE OF LESION	HELPED, NO.	NOT HELPED, NO.
Chronic eczematous eruptions, including atopy	14	5
Localized neurodermatitis	4	2
Contact dermatitis	6	6
Seborrheic dermatitis	9	0
Alopecia areata	4	1

In psoriasis, Kenacort should be reserved for those patients suffering from acute, extending or severe chronic forms of the disease. The authors report prompt and dramatic relief in 36 of 60 such patients treated with 12-16 mg. per day.

Kenacort is indicated in the treatment of dermatoses, asthma, allergies and arthritis —

KENACORT

Squibb Triamcinolone

SQUIBB



*Squibb Quality—
the Priceless Ingredient*

Supply:

Scored tablets of 1 mg. and 2 mg.—
bottles of 50.

Scored tablets of 4 mg.—
bottles of 30 and 100.

- with far less gastric disturbance ^{1,2,5,6}
- without salt and water retention ¹⁻⁸
- with no potassium loss ^{4,5}
- without unnatural psychic stimulation ^{1,2,5}
- with no adverse effect on blood pressure ^{1,2,4,5,7}
- on a lower daily dosage range ^{1,2,5,7}

1. Shelley, W.B.; Harun, J.S., and Pillsbury, D.M.: J.A.M.A. 167:959 (June 21) 1958. 2. Sherwood, H., and Cooke, R.A.: J. Allergy 28:97 (March) 1957. 3. Boland, E.W.: Geriatrics 13:190 (March) 1958. 4. Hellman, L., and others: A.M.A. J. Dis. Child. 94:437 (Oct.) 1957. 5. Hartung, E.P.: J.A.M.A. 167:973 (June 21) 1958. 6. Feinberg, S.M.; Feinberg, A.R., and Fisherman, E.W.: J.A.M.A. 167:58 (May 3) 1958. 7. Friedlaender, S., and Friedlaender, A.S.: Antibiotic Med. & Clin. Ther. 5:315 (May) 1958. 8. Dubois, E.L.: J.A.M.A. 167:1590 (July 26) 1958.

KENACORT IS A SQUIBB TRADEMARK

CONTENTS

It Pays to Trade Words With Labor 96

Ever wonder what physicians in private practice really say when they come face to face with the labor leaders who run union plans? This reporter pricked up his ears and listened. Here's his account of the explosive exchanges

Words That Make Patients Want to Reduce . . 107

If they need special treatment for obesity, they probably need special handling as human beings. Here's how experienced clinic doctors win their patients' cooperation

Is Your Practice Running You Ragged? 120

This doctor's was—to the point where he seriously considered giving it up and going into residency. Instead, he took stock of the practice and gave it a radical overhauling. Here's what he did and how it paid off for him

What I Learned From a Tax Audit 136

It wasn't much of an ordeal, says this dazed doctor: It merely took 120 hours of his time and \$2,000 of his cash! But it jolted him out of some bad business habits

Are Doctors Subsidized by Society? 157

They never pay the full cost of their education, a columnist complains. Answer: They repay it in other ways

'Sliding-Scale Fees Are Still the Best' 161

Charges based on your patient's ability to pay are the fairest to both you and him, this management man contends

More ►

A workhorse "mycin" for common infections

**wide-range
action**

**prompt, high
blood levels**

**minimal GI
upsets**

CYCLAMYCIN ... potent, new Wyeth antibiotic to help you in the treatment of common infections of daily practice. It has proved effective against many pathogens including some resistant to other antibiotics ... streptococci, pneumococci, gonococci, H. influenzae, and most strains of staphylococci, especially erythromycin-resistant staphylococci. Highly stable, readily and reliably absorbed, CYCLAMYCIN produces rapid high antibiotic blood levels. CYCLAMYCIN is well tolerated ... even by some patients reacting adversely to other antibiotics. It has minimal effect on normal gastrointestinal flora ... no serious reaction problems arising from sensitivity or toxicity have been reported.

new

CYCLAMYCIN*

Triacetyloleandomycin, Wyeth

CAPSULES • ORAL SUSPENSION

*Trademark



(U)
Philadelphia 1, Pa.

Supplied: Capsules, 125 and 250 mg., vials of 36. Oral Suspension, 125 mg. per 5-cc. teaspoonful, bottles of 2 fl. oz.

CONTENTS

Blue Cross-Blue Shield Dispute Divides Doctors 178

While hospital-sponsored plans and doctor-sponsored plans compete with each other, medicine in one state is split wide open by recriminations against a secretary, the resignation of a president, and violent reactions from M.D.s

'It's the Perfect Specialty!' 204

'I'm a family doctor,' says this specialist. 'My patients are varied, and so is my work. The night call after a tough day is rare.' That's why he loves ophthalmology

How Well-Managed Is Your Practice? 221

This self-test will help you evaluate your professional and business equipment. It's the sixth quiz in this series

What Social Workers Can Do for You 237

Here's how one doctor learned that, far from being 'social-istic' or competitive, they offer medical men some really helpful services. You'll benefit by knowing what these are

The Doctor Who Charged Too Much 254

Dr. Kris' \$1,500 bill for saving a boy's life stirred up the whole nation last year. Now that the hubbub has subsided, the doctor explains why he still thinks the fee was fair. 'How much would you charge for 100 hours spent on a case where the family's well able to pay?' he asks. Here's the side of the story that you probably haven't heard before

Stockbrokers' Fees: How to Keep Them Down 270

With rates higher than ever, you'll want to watch your step when buying stocks. Here's how you can cut the cost

More ►

MORE EFFICIENT THAN PREDNI-STEROIDS ALONE

ATARAXOID®

prednisolone-hydroxyzine

IN ASTHMA, ARTHRITIS-RHEUMATISM, DERMATOSES

Potentiates steroid action, often permitting lower doses.^{1,2}

Effective control of tension-induced exacerbations through the muscle-relaxant and calming effects of hydroxyzine.⁴

Minimal gastric reactions through unique anti-secretory activity of hydroxyzine.³

SUPPLIED:

Ataraxoid 5.0 scored green tablets, 5.0 mg. prednisolone and 10 mg. hydroxyzine hydrochloride, bottles of 30 and 100.

Ataraxoid 2.5 scored blue tablets, 2.5 mg. prednisolone and 10 mg. hydroxyzine hydrochloride, bottles of 30 and 100.

Ataraxoid 1.0 scored orchid tablets, 1.0 mg. prednisolone and 10 mg. hydroxyzine hydrochloride, bottles of 100.

1. Johnston, T. G., and Casart, A. G.: *Clin. Rev.* 1:17, 1958.

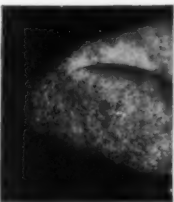
2. Warner, P. J.: *J. M. Soc. New Jersey* 64:7, 1967.

3. Individual Case Reports to Medical Dept., Pfizer Laboratories.

4. Hulcheon, D. E., et al.: Paper presented at Am. Soc. Pharmacol. & Exper. Therap. Nov. 8-10, 1956, French Lick, Ind.

5. Strub, I. H.: To be published.

6. Fox, J. L.: Paper presented at 14th Annual Congress, Am. Coll. Allergists, Apr. 24, 1958, Atlantic City, N. J., *Ann. Allergy*, to be published.



From a recent report—

ATARAXOID produced "excellent or good response" in 97.1 per cent of 34 patients with various allergies, as compared to 66.7 per cent of a similar series of 33 patients treated with prednisolone.⁶

PFIZER LABORATORIES



Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

CONTENTS

***Management Memo: Telephone Interruptions* 285**

A physician tells you how to minimize unnecessary phone calls from the relatives of hospitalized patients

NEWS

Hospitals Are Urged to Raise Their Prices	29
How Older Patients Alter Your Practice Pattern	29
New Specialists Outnumber New G.P.s by 2 to 1	32
Free Competition Good? 'Not Among Hospitals'	36
Industrial Practice Said to Make Better M.D.s	40
Funeral Directors Want Faster Autopsies	40
Cancer Specialists Stymied by Patients' Fears	46
Doctors Honor Sponsor of Anti-U.M.W. Bill	46
California's Calling—If You're a G.P., That Is	50
War-Crime M.D.s Back in Practice Abroad	54
State-Wide Blue Plan Tries County-by-County Rates ...	54
OB Patients Say They're Left in the Dark	56
Hollywood Mourns Flop of Panel Plan for Pets	56
Surgeon Urges Insurance for Psychoneurotics	60
One Woman Doctor's Design for Living	62
Witch Doctors Profit From M.D.'s Example	62

OTHER DEPARTMENTS

News Briefs	1	Publisher's Memo	310
Letters	19		

for depression

▲ Deprol ▲[†]

Clinically confirmed
in over 2,500
documented
case histories^{1,3}

CONFIRMED EFFICACY

Deprol

- ▶ acts promptly to control depression
without stimulation
- ▶ restores natural sleep and reduces
depressive rumination and crying

DOCUMENTED SAFETY

Deprol is unlike amine-oxidase inhibitors

- ▶ does not adversely affect blood pressure
or sexual function
- ▶ no excessive elation; no liver toxicity

Deprol is unlike central nervous stimulants

- ▶ does not cause insomnia or depress appetite
- ▶ no amphetamine-like jitteriness;
no depression-producing aftereffects

1. Alexander, L.: Chemotherapy of depression—Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. J.A.M.A. 166:1019, March 1, 1958.

2. Current personal communications; in the files of Wallace Laboratories.

Literature and samples on request



WALLACE LABORATORIES, New Brunswick, N. J.

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: Each tablet contains 400 mg. meprobamate and 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl).

Supplied: Bottles of 50 scored tablets.

†TRADE-MARK CD-7470

PICT
76,
Guic
Blac
Geor
Hess
Will
Stan

Medical Economics

WILLIAM ALAN RICHARDSON, *Editorial Director*

R. CRAGIN LEWIS, *Editor*

DONALD M. BERWICK, *Senior Editor*

LOIS R. CHEVALIER, JOHN R. LINDSEY, *Roving Editors*

HENRY A. DAVIDSON, M.D., *Contributing Editor*

Associate Editors

M. J. GOLDBERG LOIS HOFFMAN

WILLIAM N. JEFFERS HUGH C. SHERWOOD

ELEANOR B. DOWLING, *Assistant to the Editorial Director*

RICHARD L. KRAYBILL, *Administrative Editor*

ROBERT L. BRENNER, *News Editor*

Editorial Associates

PEARL BARLAND JOHN M. MORRIS

Editorial Contributors

J. E. EICHENLAUB, M.D. HELEN C. MILIUS CLARON OAKLEY

THOMAS J. OWENS EDWIN N. PERRIN R. W. TUCKER

Editorial Assistants

ELIZABETH N. OTTO NANCY J. WALL

WILLIAM L. SERIO, *Art Director* ARTHUR M. OWENS, *Production Editor*

JOSEPH COLEMAN, *Art Production Manager*

Art Associates

PENINA M. GOLOGOR, KENNETH MUNOWITZ, JANE THEBERGE

Production Associates

ELIZABETH F. BULLIS, RUTH F. JANSSON, PHYLLIS MARCUCCIO,
GRACE M. VOORHIS



LANSING CHAPMAN
Publisher

W. L. CHAPMAN JR.
General Manager

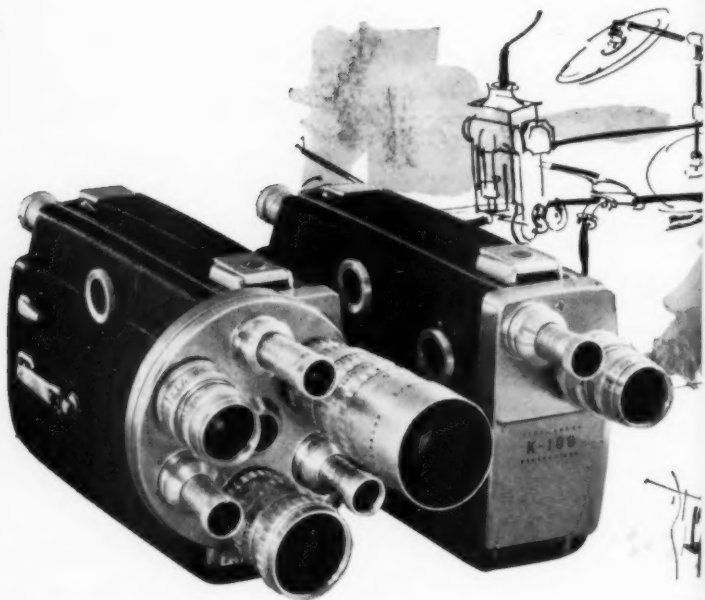
J. E. VAN HOVEN
Production Manager

DOUGLAS B. STEARNS, PHILLIPS T. STEARNS, *Sales Managers*

HOWARD B. HURLEY, *Circulation Director*

PICTURE CREDITS: Cover, 92, Arnold Varga • 46, DeLange Studio • 73, 237, Clifton Wheeler • 76, Bill Wenzel • 87-91, Vincent A. Finnigan • 95, George Wolfe • 96, 107, 157, Robert Guidi • 98 left, Ankers • 98 right, 99 center, Fabian Bachrach • 99 left, Robert Phillips from Black Star • 99 right, Strem Studios • 101, 248, Doris Matthews • 120, 137, Roy Doty • 128, George Gately • 166, Charles Rodrigues • 181 top, Wisconsin Blue Cross • 181 center, Fred Hess and Son • 210, Dave Harbaugh • 230, Eric Peters • 254, United Press Photo • 260, William Boserman • 270, Volk Corp. • 280, S. R. Caniglia • 291, Mal MacNeily • 298, Stanley Stamaty.

16mm Cameras...



The Cine-Kodak K-100 Cameras...

Superb optics... precision engineering... distinguish not only the work produced with this fine camera but help assure long life and trouble-free performance.

Special features include a pre-stressed spring motor for 40-foot film run on single winding, full speed range—16 (standard speed) to 64 (slow motion) frames per second, simplified roll-film loading. Single-lens model priced from \$299; turret model, from \$337.

For information, see your Kodak dealer, or write:

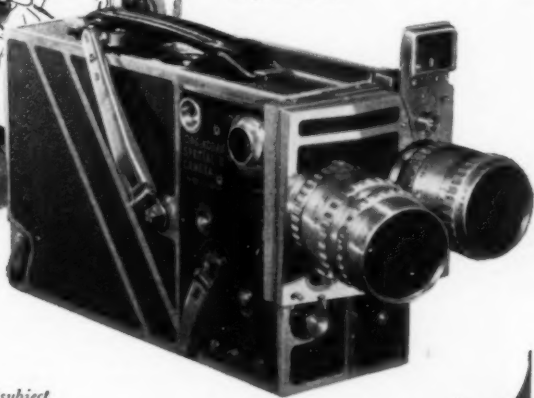
EASTMAN KODAK COMPANY,

not only the finest to work with
... but the least expensive to maintain



The Cine-Kodak Special II Camera

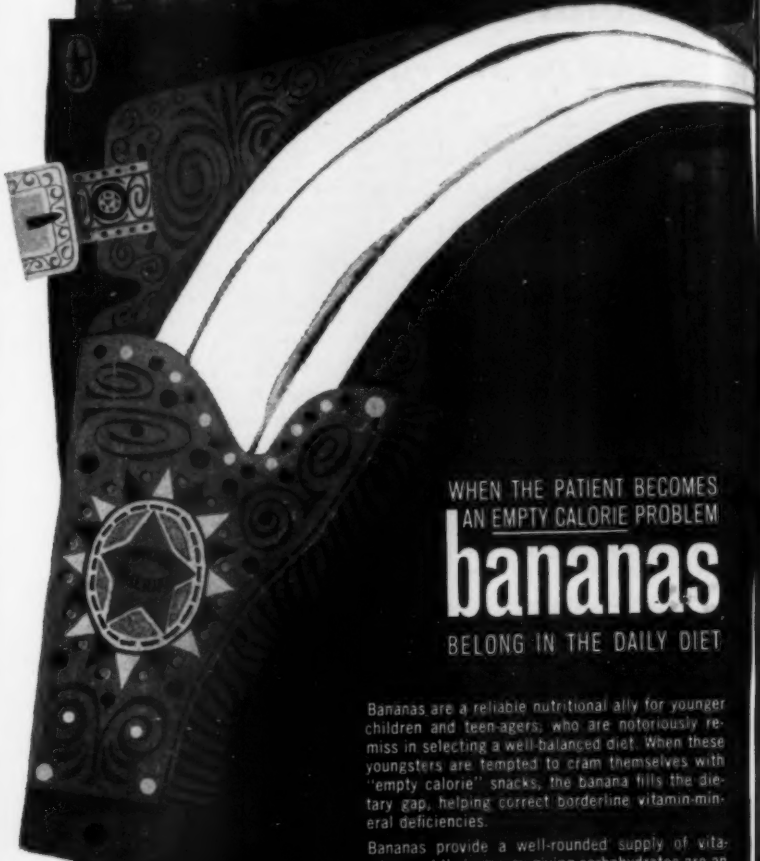
With available auxiliary equipment and full range of Kodak Cine Ektar Lenses, this Cine-Kodak Special II embodies a complete 16mm motion-picture-taking system. Its reflex finder shows the exact field covered at all distances, establishes focus, eliminates parallax problems. A long-running spring motor with quickly interchangeable film chambers helps get all the action. From \$1,365.00.



*Prices are list and subject
to change without notice.*

Medical Division, Rochester 4, N. Y.

Kodak



WHEN THE PATIENT BECOMES
AN EMPTY CALORIE PROBLEM

bananas

BELONG IN THE DAILY DIET

Bananas are a reliable nutritional ally for younger children and teen-agers, who are notoriously remiss in selecting a well-balanced diet. When these youngsters are tempted to cram themselves with "empty calorie" snacks, the banana fills the dietary gap, helping correct borderline vitamin-mineral deficiencies.

Bananas provide a well-rounded supply of vitamins, and their energy-giving carbohydrates are an aid in keeping pace with the teen-ager's "run-away" metabolism. They can be enjoyed any time, any place—at the table, watching TV, in the back yard, on the playground, or at a picnic.

rich in taste appeal—bananas fill without fattening

- for greater vitality
- for easier weight control
- for better digestion

help yourself to a banana

UNITED FRUIT COMPANY

Pier 3, North River, New York 6, New York

'Is I
SIRS
the
littl
eyes
state
gery
"Is i
him
say
"Thi
hum
take
even
from
I
assur
him
ing t

Pod
SIRS
"Pod
Shiel
unus
dists
plans
Ac
partic
ly in

Letters

'Is It Serious?'

SIRS: A recent article points out the danger of unconsciously belittling yourself in the patient's eyes with "there's nothing to it" statements. When I propose surgery to a patient, I'm often asked, "Is it serious?" Before even telling him whether it's major or minor, I say something like the following: "This concerns a human being, a human life. So I take it seriously. I take every operation seriously, even if it's only removing a splinter from under a child's fingernail."

I believe such statements reassure the patient without making him feel you have a "there's nothing to it" attitude.

E. L. McPherson, M.D.
Greenville, S.C.

Podiatrists and M.D.s

SIRS: Your recent news item, "Podiatrists Get Foot in Blue Shield Doorway," implies that it's unusual for podiatrists/chiropractors to participate in Blue Shield plans.

Actually, our profession now participates in Blue Shield not only in New York but also in Cali-

fornia, Delaware, the District of Columbia, Michigan, New Mexico, Ohio, and Oklahoma. And we're carrying on friendly negotiations with Blue Shield in several other states.

As the A.M.A. Judicial Council stated back in 1939, our profession "fairly well satisfies a gap in medical care that the [medical] profession has failed to fill."

A. Rubin, D.S.C.
Secretary, American Podiatry Assn.
Washington, D.C.

SIRS: . . . M.D.s have established podiatry-chiropractic departments in some of America's leading hospitals. Among these are the Mayo Clinic, the New England Deaconess Hospital, and Walter Reed . . .

Marvin W. Shapiro, D.S.C.
Vice President, American Podiatry Assn.
Toledo, Ohio

They Started Something

SIRS: Here's a little addendum to your recent account of how Psychiatrist George Constant practices successfully in my home town:

Something important has stemmed from my own association

**Lavoris...a favorite
for personal and
professional use!**

LAVORIS
is the original
zinc chloride
solution, highly
regarded by the
medical profession
for many years.

Stimulating Astringent

LAVORIS

Mouthwash and Gargle

LAVORIS is not, and has never claimed to be, a germ killer. Its thorough cleansing action is chemo-mechanical. It coagulates and removes viscid mucus accumulations and septic exudates. This effective cleansing is accomplished without damage to tissues... in fact, the stimulating effect of Lavoris on capillary circulation improves tissue tone and resistance.



DIRECTIONS:

As a mouthwash, dilute with 1 to 3 parts water. As a gargle, dilute with equal amount of hot water. As a spray, use full strength or dilute with equal parts water.

SUGGEST regular use of Lavoris to your patients. Available in 4 oz., 9 oz., and 20 oz. bottles at all drug stores.



THE

PROFESSIONAL
gallon of Lavoris is available to practicing physicians. Please order on your professional stationery, including \$2.50 for each gallon (delivery prepaid in the continental U.S.A.).

THE LAVORIS COMPANY
DEPT. ME-118, MINNEAPOLIS 1, MINN.

Letters

with Dr. Constant. Realizing that my psychiatric alertness—and, therefore, my skill as a G.P.—was being improved through my close work with a psychiatrist, I felt it would help men in both fields if we could all get to understand one another better.

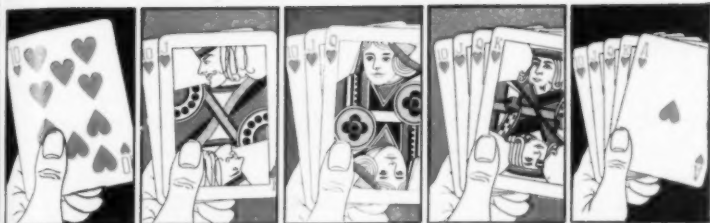
When I discussed my idea with leaders of both the American Academy of General Practice and the American Psychiatric Association, they agreed. So a liaison committee between the two societies was set up, with myself as chairman of the G.P. group, and Dr. R. A. Matthews heading the psychiatric group.

This project has advanced rapidly. Originally under a grant from the Lasker Foundation, it now has a Federal grant of \$1,300,000. And it all began because one G.P. and one psychiatrist learned they could help each other.

Andrew S. Tomb, M.D.
Victoria, Tex.

Social Security, U.S.N.

SIRS: I had to laugh at the recent letter from Capt. R. L. Fruin (M.C.), U.S.N., denouncing Social Security. Of course *he* doesn't need



LEAVES NOTHING TO BE DESIRED

HYCOMINE[®] Syrup

THE COMPLETE Rx FOR COUGH CONTROL

cough sedative / antihistamine / expectorant

- relieves cough and related symptoms in 15-20 minutes
- effective for 6 hours or longer • promotes expectoration
- rarely constipates • cherry-flavored

Each teaspoonful (5 cc.) of HYCOMINE contains:
Hycodan[®]

Dihydrocodeinone Bitartrate	5 mg.	} 6.5 mg.
(Warning: May be habit-forming)		
Homatropine Methylbromide	1.5 mg.	
Pyrimamine Maleate	12.5 mg.	
Ammonium Chloride	60 mg.	
Sodium Citrate	85 mg.	

Adult Dosage: one teaspoonful q. 6 h. May be habit-forming.
Federal law permits oral prescription.



Literature on request
ENDO LABORATORIES
Richmond Hill 18, New York

U. S. Pat. 2,699,463

Letters

Social Security. His future is secure whether he's retired for disability or age. He isn't even taxed for it.

Lewis B. Posner, M.D.
New York, N. Y.

Plot Against Plans?

SIRS: Recent applications by Blue Cross plans for rate increases have generally been refused. Where an increase has been granted, it's been only partial—

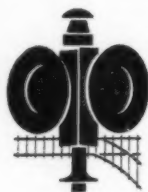
and inadequate. The plans have been told to "spend your surplus."

Such anti-plan actions in various states betray too much similarity to be merely coincidental. There's a master design at work here, drawn by aggressive promoters of socialism. Having failed to put over by frontal attack their grand scheme for compulsory health insurance, they're now trying flank and rear-guard actions.

Here's their strategy: First, blame the doctors for alleged excess utilization of hospital benefits. Next, make the plans spend surplus

announcing . . . oral iron under CHELATE control

■ notably effective ■
exceptionally well toler-
ated ■ the safest iron
to have in the home ■

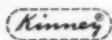


CHEL-IRON

BRAND OF IRON CHOLINE CITRATE

TRADEMARK

CHELATED IRON



reserves—the lifeblood of insurance organizations. Then, when the plans approach financial disaster, let the job-seeking politicians rush in and take over. Simple, isn't it?

Make no mistake: This is part of the battle against the free and independent practice of medicine.

To each and every doctor: What are you going to do about it?

M.D., New York

Deductible Aides

SIRS: The other night, at a pow-wow of medical secretaries, someone wondered why our bosses,

who avidly read MEDICAL ECONOMICS' articles on estate building and tax savings, overlook the best tax deduction available: us!

Oh, yes—our employers all read your article last January on "How Much Do Doctors Pay Their Aides?" So they certainly know how much they can and should pay us girls.

But have they done anything about it? Oh, no.

One girl I know has been with her doctor three years. She's had only two days off because of illness. Her duties include bookkeep-

its iron may be maintained in solution over a greater area of the gastrointestinal tract, thus permitting an optimal physiological uptake..."



"...possesses outstanding qualities in terms of freedom from undesirable gastrointestinal effects."

"...The chelation of iron minimized its toxicity and provided a high factor of safety against fatal poisoning."

AVAILABLE AS: CHEL-IRON TABLETS/3 tablets supply 120 mg. elemental iron; bottles of 100. CHEL-IRON PEDIATRIC DROPS/each cc. supplies 16 mg. elemental iron; 0.5 cc. provides full M.D.R. for infants and children up to six; 30-cc. bottles with graduated dropper. CHEL-IRON PLUS TABLETS/3 tablets supply 72 mg. elemental iron plus B₁₂ with intrinsic factor, folic acid, pyridoxine, other essential B vitamins, and C; bottles of 100.

*Franklin, M., et al.: Chelate Iron Therapy, J.A.M.A. 166:1685, Apr. 5, 1958.

†U.S. Pat. 2,575,611

KINNEY & COMPANY, INC. COLUMBUS, INDIANA

FOR TREATMENT OF
THE COMMON COLD

At any stage of development



AMGESIC*
COLD TABLETS

- Relieves pain and headache
- Lowers fever
- Reduces nasal secretions
- Controls cough
- Combats allergic manifestations

Each Amgesic tablet contains:
N-acetyl-p-aminophenol 160 mg.
Chlorophenpyridamine Maleate 2 mg.
Noscapine 2 mg.
Levsin® (1-hyoscyamine sulfate) 1/16 mg.
Aspirin 230 mg.
Caffeine 15 mg.

Supplied: Bottles of 25 and 100 tablets.

*Trademark

KREMERS-URBAN COMPANY
Milwaukee 1, Wisconsin

Letters

ing, billing, making appointments, and doing blood counts, urinalyses, and electrocardiograms. No complaints from her boss. Her salary: a lofty \$57 a week, minus deductions.

We find working for these fine men rewarding in many ways. But it's understandable why so many of us have to forsake them for greener fields.

Otherwise, how could we build even a *small* estate?

Doctor's Aide, Ohio

He Serves Breakfast

SIRS: Here's something that I've found creates much goodwill in my practice: After I've given a patient a basal metabolism test, my aide brings him a breakfast tray in the test room—orange juice, buttered toast, and coffee. Appreciative patients often comment that "no doctor ever served me breakfast before."

And while the patient is eating, I can calculate the test results, see another patient or two, or even make a quick house call.

Irwin Hoffman, M.D.
Cedarhurst, N. Y.
END

now...
to eliminate
severe
anorectal
inflammation...



start with steroid therapy

For severe anorectal inflammation Anusol is now also available as *Anusol-HC* ... hemorrhoidal suppositories with hydrocortisone.

Anusol-HC lets you *start* with steroid therapy ... reduce and eliminate pain, heat, swelling, and hyperemia. With this simple two-stage program you can first check inflammatory symptoms safely, then *keep* patients comfortable:

1. Start with 2 *Anusol-HC* Suppositories daily for 3 to 6 days.
2. Maintain with regular *Anusol* Suppositories or Unguent as required.

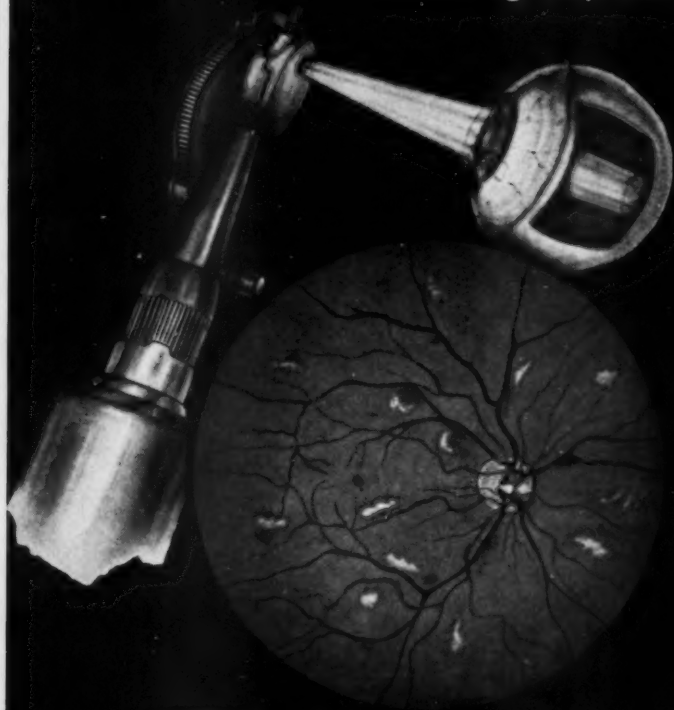
Prescribe new *Anusol-HC* for safe and rapid control of harsh inflammation in hemorrhoids, proctitis and anal pruritus.

new **Anusol[®]-HC**
hemorrhoidal suppositories with hydrocortisone



in **diabetic** **retinopathy**

and other eye disorders
involving capillary fault



CVP improved visual acuity
and cleared hemorrhages more rapidly

C.
ocul
from

dia
C.V.

idi
infl

se
"fav

... a
dise

C.V. I.
resul
capil
activ
comp
(due
insol

Eac

CITRU
ASCO
bottle
gallon

DUO
of Cit

1. Rai
sampl

u. s
(Arlin

C. V. P.— "a valuable therapeutic aid in the management of certain ocular diseases,"¹ as evidenced in a series of 89 patients suffering from various ophthalmic disorders . . .

diabetic retinopathy — a significant number of patients on C.V. P. "showed definite improvement in visual acuity."

idiopathic retinal hemorrhage was "favorably influenced" by C.V. P.

senile macular degeneration showed more "favorable results" with C.V. P.

. . . and in hypertensive retinopathy, vitreous hemorrhage, Kuhnt Junius disease, and central angiospastic retinopathy, C.V. P. proved most useful.

CVP[®]

C.V. P. helps to correct abnormal capillary permeability, fragility and resultant bleeding by acting to thicken the "cement" substance of capillary walls. C.V. P. is exclusive and different. Provides many active **water-soluble** factors of the whole natural citrus bioflavonoid complex. Readily absorbed and utilized, C.V. P. is relatively free (due to special processing) of hesperidin, naringin and other comparatively insoluble and inactive flavonoids found in citrus.

Each C.V. P. capsule or teaspoonful (5 cc.) of syrup provides

CITRUS BIOFLAVONOID COMPOUND 100 mg.
ASCORBIC ACID (vitamin C) 100 mg.
bottles of 100, 500, and 1000 capsules; 4 oz., 16 oz. and gallon syrup.

DUO-CVP (double-strength) provides per capsule: 200 mg. of Citrus Bioflavonoid Compound and 200 mg. of Ascorbic Acid.

¹ Ralph, F. T., Eye, Ear, Nose and Throat Monthly, Feb. 1958.

samples and literature from

u. s. vitamin corporation • PHARMACEUTICALS

(Arlington-Funk Laboratories, division) • 250 E. 43rd Street, New York 17, N. Y.

a new type of
effectiveness
in depression
and fatigue
states

Anti Depressant Deaner[®]

References

1. Lemere, F., and Lasater, J. H.: *Am. J. Psychiat.* 114:655 (Jan.) 1958.
2. Murphree, H. B., Jr.; Jenney, E. H., and Pfeiffer, C. C.: 2-Dimethylaminoethanol as a Central Nervous System Stimulant, Presented before Assoc. for Research in Nervous and Mental Disease, New York, Dec. 12-14, 1957. To be published.
3. Oettinger, L., Jr.: Presented before the American Encephalographic Society Meeting, Atlantic City, June 14, 1958. To be published, *Journal of Pediatrics*.

Dosage:

Initially, 1 tablet (25 mg.) daily in the morning. Maintenance dose, 1 to 3 tablets; for children, 1/2 to 3 tablets. Full benefits may require two weeks or more of therapy. 'Deaner' is supplied in scored tablets containing 25 mg. of 2-dimethylaminoethanol as the p-acetamidobenzoic acid salt.

p-acetamidobenzoic acid salt of 2-dimethylaminoethanol

The effects of 'Deaner' are unlike those of other energizers. After coming on gradually, effects are prolonged...*free from* hyperirritability, jitteriness or emotional tension...*free from* excessive motor activity...*free from* loss of appetite...*free from* elevation of blood pressure or heart rate...*free from* sudden letdown on discontinuance of therapy.

'Deaner' a totally New Molecule

has proved to be of value in the alleviation of a wide variety of emotional disturbances.¹ It is indicated in

- chronic fatigue states
- mild depression
- chronic headache
- migraine
- neurasthenia
- behavior problems and learning defects in children

'Deaner' produces greater daytime energy, better ability to concentrate, and a more affable mood.² It promotes sounder sleep.³ In children it enhances adaptability and lengthens attention span.³

Another



First

NORTHBRIDGE,
CALIFORNIA

News · News · News

Hospitals Are Urged to Raise Their Prices

Amid the hullabaloo about the high cost of hospitalization, one hospital administrator is proclaiming that hospital charges aren't high enough. They're "too low for proper and efficient service," declares Frederick Grubel, associate director of Montefiore Hospital in New York City.

To prove his point, he cites some New York salaries. In 1956, he notes, a secretary in private industry was earning an average of \$74 a week; a year later she could still get only \$61 a week in New York's voluntary hospitals. In 1957, R.N.s got \$280 a month in voluntary hospitals, \$335 in V.A. hospitals. It's not surprising, he says, that "with laudable exceptions, the quality of the available help is not the best."

And too often there's no help available at all, Grubel adds. Last April, he reports, 22 per cent of the jobs for registered nurses in greater New York were unfilled. "The real seriousness of this situation appears," he says, "when we

learn that 80 per cent of these vacancies have been open for more than six months."

What's to be done? Grubel makes two specific suggestions:

1. Raise hospital charges "approximately \$4 per in-patient day." This, he calculates, will "enable New York hospitals to offer their nurses a reasonable income and to compete on the general labor market." The \$4 hike, he believes, will also be enough to let patients "enjoy the high standards of house-keeping and dietary service they expect of a hospital."

2. Compute hospital costs so as to include adequate salary levels. "Blue Cross and other third parties," he declares, "by granting a reimbursement of the traditionally depressed cost, help perpetuate the pauperism of the voluntary hospital."

How Older Patients Alter Your Practice Pattern

As the general population grows older, what changes may you expect in the pattern of your practice? One answer can be found in a recent study by the Health In-

to curb those
sleep-disrupting
"night coughs"



that waken the whole household...

CLISTIN® EXPECTORANT

Clistin Expectorant is the only cough product containing CLISTIN Carbinoxamine Maleate—that well-accepted, potent, antihistamine. Relieves coughs of the common cold and coughs of allergic or non-allergic upper respiratory conditions.

Clistin Expectorant—samples on request.

McNEIL

McNEIL LABORATORIES, INC.
PHILADELPHIA 32, PA.

"anti-cough"...
antihistaminic...
completely safe
for pediatric use...
non-narcotic...
does not upset
the stomach...
tastes wonderful

NON-IR
(1) Su
An
(2) Go
An

insurance Plan of Greater New York, of how its members 65 or older use their insurance. Here's what the study indicates:

1. Your burden of work will grow. H.I.P. reports that old people visit their doctors about 40 per cent more frequently than the average for all ages.

2. You'll encounter more patients who need surgery. Aged women, H.I.P. found, actually get slightly less surgery than the average for other adult females. But the rate for aged men is generally higher than the rate for other adult

News • News • N

males. Gastrointestinal, abdominal, and genitourinary operations add up to three-fifths of the hospitalized surgery among the aged, and to only two-fifths of the surgery for all ages combined.

3. You'll make more hospital calls. Old people visit their doctors' offices more often than young people, and they require more house calls than other adult patients. But "the outstanding characteristic of the pattern among



RELIEVE ITCHING (1) (2)
DIMINISH THICKNESS OF AFFECTED SKIN (2)
REDUCE SCALE (1) (2)

**Baker's
P&S LIQUID**

Prescribe

(phenylic acid and sodium chloride in paraffin oil, with a pH of 5.5, approximating that of normal skin.)

In the management of Scalp Dermatoses, especially Psoriasis

Lesions are promptly and effectively controlled. Regimen is simple, uncomplicated, and cosmetically acceptable to the patient.

CHESTER A. BAKER LABORATORIES, Inc.
 Boston 15, Mass., U.S.A.

Please send sample to:

M.D.

USE THIS COUPON TO REQUEST
 LITERATURE AND PROFESSIONAL SAMPLE

NON-IRRITATING • NON-SENSITIZING

(1) Sulzberger, M. B. and Obadia, J., Arch. Derm., 73:373 (April) 1956

(2) Goldberg, I. C., and Barnett, S. B., Antibiotic Med. & Clin. Therapy, 4:594 (Oct.) 1957

• News • News

the older people," says H.I.P., "is the exceptionally high proportion of [physician] visits in the hospital—21 per cent as compared with 11 per cent for all ages."

New Specialists Outnumber New G.P.s by 2 to 1

The newly issued American Medical Directory points up the surging trend toward specialism among recent graduates. There's been a gain of some 9,000 full specialists since

the 1956 edition, compared with an increase of only about 4,000 general practitioners. The U. S. totals still give general practice an edge—90,359 G.P.s to 77,655 specialists—but only because partial specialists are counted as G.P.s.

Other highlights from the directory's 1958 edition:

¶ New York's doctor-population (30,786) continues to top that of any other state.

¶ California has gained the most physicians (1,467) in the last two years. Other big gainers: Florida, Michigan, Ohio. *More►*



Doctor - when you prescribe steam for colds...

**Recommend an
X automatic
Hankscraft
VAPORIZER**

Hankscraft vaporizers have long been popular for the effective treatment of respiratory ailments. Their new, vastly improved design incorporates the latest advancements in automatic steam vaporization. Simplicity of construction assures trouble-free, completely safe performance. Gallon capacity — delivers steady flow of healthful steam all night on one filling, then shuts off automatically when water is gone. No complicated parts — easy to clean — approved by Underwriters' Laboratories.



Model 202-A.....\$6.95 retail
Other models \$3.95 to \$12.95

Write today for a free supply of instruction booklets for your patients

HANKSCRAFT COMPANY • Reedsburg, Wisconsin

America's leading line of automatic vaporizers, sterilizers, bottle warmers



which baby

has been deprived of

DESITIN[®]
OINTMENT

and so is still irritated by
diaper rash

samples on request

DESITIN CHEMICAL COMPANY

812 Branch Avenue
Providence 4, R. I.



relief
of
sore throat
in minutes

infect
clear
with
2 ho



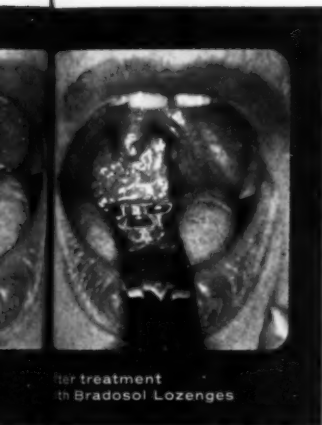
Before

After treat
th Brac

New Bradoscizol

bactericidal fungicidal anesthetic

Infection
cleared
within
2 hours



After treatment
with Bradosol Lozenges

solozenges

ingic anesthetic

Combats oral infections . . . soothes
irritated tissues

Bradosol bromide is a new quaternary ammonium antiseptic of extremely low toxicity. Clinical trials have shown that Bradosol Lozenges are highly effective in the prevention and treatment of common mouth and throat infections and irritations. "Strep. throat," tonsillitis, pharyngitis, laryngitis, oral thrush—these are representative of the conditions in which clinicians report good to excellent results. And, since Bradosol Lozenges contain an effective topical anesthetic (benzocaine), patients report *symptomatic relief* within moments.

Not antibiotic . . . therefore, no anti-
biotic side effects

Stomatitis and glossitis—commonly reported with certain antibiotic lozenges—do not occur. Resistance to Bradosol is not to be expected, nor is sensitization a clinical problem. Moreover, Bradosol Lozenges act against most, if not all, of the common invaders of the oral cavity. Even fungi, such as thrush-causing *Candida albicans*, are susceptible to Bradosol.

Supplied: Lozenges, each containing 1.5 mg. Bradosol bromide and 2.5 mg. benzocaine; packages of 24 in the convenient "Flip-Top Box."

BRADOSOL® bromide (domiphen bromide CIBA)

2/2610 MK

C I B A SUMMIT, N. J.

s • News • News

"The doctor-population has declined in at least three states: Iowa, Minnesota, and Missouri.

Free Competition Good? 'Not Among Hospitals'

"No modern planner can . . . consider multiple small hospitals an asset to the community," declares Dr. Anthony J. J. Rourke, a leading hospital consultant. The notion that free competition among hospitals is healthy, he adds, is a myth.

"There is no competition in the quality of medical care," he declares. "Frequently the same Dr. Coronary treats heart disease on the same day in two or more hospitals." For the doctor, multiple facilities merely mean that his "time is dissipated in unnecessary travel."

And for the hospital, Dr. Rourke observes, "competition more often appears to me to resolve itself into pirating of personnel or duplicating of expensive equipment, in order to keep up with the Joneses." The only possible justification for this

**new...
dip 1 strip...read 2 tests!**

URISTIX

TRADEMARK

REAGENT STRIPS

colorimetric "dip-and-read" combination test
for PROTEIN and GLUCOSE in urine.

Available: Bottles of 125.



AMES COMPANY, INC • ELKHART, INDIANA
Ames Company of Canada, Ltd., Toronto

53458



BERTRAM W.
SIPPY

Continuous control of gastric acidity
with frequent and regular small,
bland feedings, was advocated by
Bertram W. Sippy
(1866-1924) as essential in the
management of peptic ulcer.

Milpath[®]

[®]Miltown + anticholinergic

controls hypersecretion
and hypermotility,
provides relief of pain, spasm,
anxiety and tension without
belladonna or barbiturates.
Side effects are minimal.

Formula: each scored tablet contains:
meprabamate 400 mg., trihexethyl iodide 25 mg.

Dosage: 1 tablet t.i.d. with meals and 2 tablets at bedtime.

Indications: duodenal and gastric ulcer • colitis
spastic and irritable colon • gastric hypermotility • gastritis
esophageal spasm • intestinal colic • functional
diarrhea • G. I. symptoms of anxiety states.

Literature and samples on request.



WALLACE LABORATORIES

New Brunswick, N. J.

New from Carnation



Carnation Company announces
a new ready-prepared infant formula
based on the medical preference
for evaporated milk

Carnalac is Carnation Evaporated Milk with carbohydrate and Vitamin D added. Diluted with water, Carnalac provides the typical Carnation Evaporated Milk *formula*, as usually prepared at home.

EASY TO SPECIFY—JUST ADD WATER

New convenience and time-saving for busy doctors and mothers

NOW—2 WAYS TO SPECIFY CARNATION EVAPORATED MILK

1.
*for maximum
convenience*



2.
*for maximum
flexibility
and economy*



**BOTH PROVIDE THE UNIFORM HIGH QUALITY AND
PROVEN PERFORMANCE OF CARNATION EVAPORATED MILK**

s • News • News

sort of thing is distance—which “with improved transportation,” Dr. Rourke argues, “is no longer a major factor.”

His conclusion: “Every effort should be made to urge independent community hospitals not operated by religious groups to merge . . . In large towns and cities, no general hospital [should] be less than 200 beds.”

Industrial Practice Said to Make Better M.D.s

Part-time industrial work can make you a better all-round physician, says Dr. E. A. Irvin, medical director of the Ford Motor Company. It enables you to evaluate patients' ailments “in the light of both their occupational and nonoccupational activities.”

The doctor who lacks this two-sided view “might not best serve his patients, his community, and his profession,” Dr. Irvin warns. And he cites this example:

“In Detroit several years ago . . . a doctor examined his thin, ashen-faced patient—a factory spray painter—and gave a diagnosis of lead intoxication. But as it turned out, there was no lead in the factory paint; the patient actually was

suffering from a nonoccupational primary anemia.”

Such “unnecessary mistakes” are bad enough when they affect just one patient, says Dr. Irvin; but sometimes they affect a whole plant. Case in point:

“In another Midwest community, all 100 employees of a plant handling Fiberglas were on the point of walking off their jobs last fall when a woman worker showed

up wearing a gas mask. She said her physician [had] advised that she wear [it] to protect her lungs at work. The walkout was averted when everyone was assured there were



Irvin

no respiratory hazards in handling Fiberglas on this particular job.”

Such “embarrassing situations” wouldn't arise, Dr. Irvin suggests, if the private physician didn't “isolate himself from the bursting occupational health scene.”

Funeral Directors Want Faster Autopsies

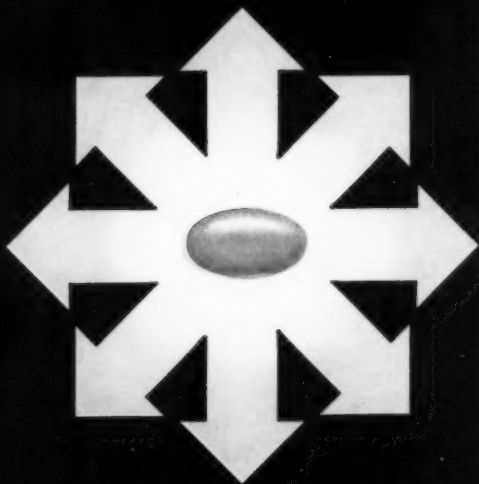
Funeral directors aren't entirely reconciled to autopsies as presently performed. Doctors who attended a recent Funeral Directors'

SPEED
PATIENT RECOVERY
BY MEETING
INCREASED
NUTRITIONAL DEMANDS

NEW MI-CEBRINT

(Vitamin-Minerals Therapeutic, Lilly)

WITH
B₁₂ ABSORPTION
BOOSTER



PATIENTS RECOVER FASTER



M
th

Nov
gold

Sur
with
leso
vide

B₁₂
'Mi
min
elde

Eac

Do

Av

Ref
Sur
1957

ELI

MI-CEBRIN T

WITH
B₁₂ ABSORPTION
BOOSTER

the extended-range therapeutic vitamin-mineral tablet

Now, prescribe faster recovery for your patients . . . from teen-agers to golden-agers . . . with only one Tablet 'Mi-Cebrin T' a day.

Surgical patients,^{1,2,3} individuals suffering from febrile diseases,^{4,5} patients with severe burns or injuries,^{1,4,5} and those undergoing any prolonged convalescence—all snap back faster with potent nutritional supplementation as provided by 'Mi-Cebrin T.'

B₁₂ Absorption Booster

'Mi-Cebrin T' is especially useful in geriatrics because, along with vitamins and minerals, it provides intrinsic factor to "boost" absorption of vitamin B₁₂ in those elderly patients whose absorptive ability is impaired.^{6,7}

Each Tablet 'Mi-Cebrin T' supplies:

Thiamine Mononitrate (B ₁)	15 mg.	Vitamin A Synthetic . . . (25,000 units)	7.5 mg.
Riboflavin (B ₂)	10 mg.	Vitamin D Synthetic . . . (1,000 units)	25 mcg.
Pyridoxine Hydrochloride (B ₆)	2 mg.	Contains also	approximately
Pantothenic Acid (as Calcium Pantothenate, Racemic)	10 mg.	Iron (as Ferrous Sulfate)	15 mg.
Nicotinamide	100 mg.	Copper (as the Sulfate)	1 mg.
Vitamin B ₁₂ (Activity Equivalent)	7.5 mcg.	Iodine (as Potassium Iodide)	0.15 mg.
plus sufficient Intrinsic Factor Concentrate to produce activity equivalent to that of 1/2 U.S.P. APA unit (oral)		Cobalt (as the Sulfate)	0.1 mg.
Folic Acid	0.2 mg.	Boron (as Boric Acid)	0.1 mg.
Ascorbic Acid (as Sodium Ascorbate) (C)	150 mg.	Manganese (as the Glycerophosphate)	1 mg.
Alpha-tocopherol (as Alpha-tocopheryl Succinate) (E)	5 mg.	Magnesium (as the Oxide)	5 mg.
		Molybdenum (as Ammonium Molybdate)	0.2 mg.
		Potassium (as the Chloride)	5 mg.
		Zinc (as the Chloride)	1.5 mg.

Dosage: 1 tablet a day, or more as needed.

Available in bottles of 30, 100, and 1,000 at pharmacies everywhere.

References: 1. J. Am. Dietet. A., 30:1256, 1954. 2. Am. J. Clin. Nutrition, 3:501, 1955. 3. Ann. Surg., 140:661, 1954. 4. M. Clin. North America, 40:1473, 1956. 5. J. Oklahoma M. A., 50:333, 1957. 6. J. Am. Geriatrics Soc., 6:190 (March), 1958. 7. Am. J. Clin. Nutrition, 5:651, 1957.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U. S. A.

s • News • News

Conference in Mississippi report that some of the morticians "freely admitted" trying to prevent autopsies from taking place.

According to Dr. Kenneth M. Heard of Jackson, Miss., the objection isn't to autopsies as such. "Their main concern is with *time*," he says. "They want to know particularly when the body will be available to them so that they can more intelligently discuss funeral arrangements with the family."

They also object to the fact that doctors often delay reporting autopsy findings to the family, without advance warning that there'll be a delay. Dr. Heard reports that "some funeral directors stated that actually families came to them seeking information regarding the findings."

Both these complaints are reasonable, Dr. Heard thinks; and he urges pathologists and attending physicians to remove the grounds for them. He also recommends that more doctors take the trouble to go to morticians' conventions and

whenever he starts to

CHEW

he's ready for Delectavites

New vitamin-mineral supplement

in delicious chocolate-like nuggets

Each nugget contains:

Vitamin A.....	5,000 Units*
Vitamin D.....	1,000 Units*
Vitamin C.....	75 mg.
Vitamin E.....	2 Units†
Vitamin B-1.....	2.5 mg.
Vitamin B-2.....	2.5 mg.
Vitamin B-6.....	1 mg.
Vitamin B-12 Activity.....	3 mcg.
Panthenol.....	5 mg.
Nicotinamide.....	25 mg.
Folic Acid.....	0.1 mg.
Biotin.....	30 mcg.
Rutin.....	12 mg.
Calcium Carbonate.....	125 mg.

Boron.....	0.1 mg.
Cobalt.....	0.1 mg.
Fluorine.....	0.1 mg.
Iodine.....	0.2 mg.
Magnesium.....	3.0 mg.
Manganese.....	1.0 mg.
Molybdenum.....	1.0 mg.
Potassium.....	2.5 mg.
*U.S. units	twice units

Dose: One Nugget per day
Supplied: Boxes of 30—one

month's supply
Boxes of 90—three
months' supply or
family package.



WHITE LABORATORIES, INC., KENILWORTH, N.J.



SANDRIL* \bar{c} PYRONIL[†] AVERTS NASAL CONGESTION



Relieves the most common side-effect of reserpine

Approximately half of all patients taking any *Rauwolfia* preparation experience the annoying side-effect of nasal stuffiness. 'Sandril' \bar{c} 'Pyronil' relieves nasal congestion in about 75 percent of your patients who experience this troublesome side-effect.

Each tablet combines:

'Sandril' 0.25 mg.

'Pyronil' 7.5 mg.

Dose: Usually 1 tablet b.i.d.

Also 'Sandril': Tablets, 0.1, 0.25, and 1 mg. Elixir, 0.25 mg. per 5-cc. teaspoonful.

*'Sandril' (Reserpine, Lilly) [†]'Pyronil' (Pyrrobutamine, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

871012

vs • News • News

explain why autopsies are important.

After this was done in Mississippi, he recalls, "several funeral directors [said] they henceforth would make no efforts to prevent the obtaining of an autopsy."

Cancer Specialists Stymied By Patients' Fears

Fear as a factor in cancer control has recently been investigated by Dr. Robert J. Samp of the University Hospitals, Madison, Wis. And he's come up with some startling figures:

"We picked out several hundred patients from our tumor clinic who'd been patients during a short period in 1956," he reports. "We learned that 30 per cent of them failed to keep their return appointments. Of these, we found that one-third hadn't even visited their own [the referring] doctor.

"The reason they didn't return was fear. Many of them admitted to premonitions and apprehensions. Some confessed they'd come to the hospital and then left before being seen, 'for fear that something might be discovered.'"

What this means, in terms of needless suffering, is spelled out

by Dr. Samp in another set of figures. "Close to 35 per cent of our patients are treated for cancer or complications of cancer *after*

the initial treatment," he reports. "In other words, a good share of a patient's important treatment comes from three months to ten years after the initial diagnosis



Samp

and treatment.

"Our failure to get these people to return," he concludes, "shows how little we know of human nature. There's an obvious need for re-evaluation of our public cancer-education effort, and of the whole field of doctor-patient communication."

Doctors Honor Sponsor Of Anti-U.M.W. Bill

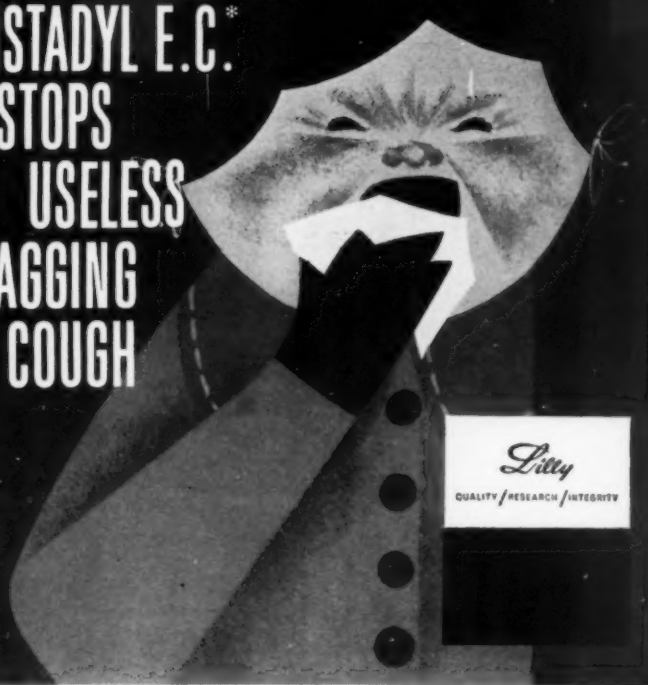
Last spring, when Kentucky's Governor A. B. (Happy) Chandler was asked if he planned to veto or sign a bill aimed at forcing the United Mine Workers to guarantee free choice of physician, he shrugged his shoulders eloquently and said: "What can I do? They've got me in between the A.M.A. and John L. Lewis."

More▶

°SYRUP

HISTADYL E.C.*

STOPS
USELESS
NAGGING
COUGH



Lilly

QUALITY / RESEARCH / INTEGRITY

An effective, pleasantly flavored antitussive that combines the therapeutic virtues of an antihistaminic, a bronchial sedative, an expectorant, and a bronchodilator.

- Consider 'Histadyl E.C.' for your coughers of all ages.

Each tasty teaspoonful provides:

Codeine Phosphate	1/6 gr.
Thenylpyramine Fumarate	1/5 gr.
Ammonium Chloride	1 2/3 grs.
Ephedrine Hydrochloride	1/12 gr.

*Federal record of sale required.

*'Histadyl E.C.' (Thenylpyramine Compound E.C., Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U. S. A.

854003

ws • News • News

So Happy Chandler did nothing. And the bill died.

This fall, at the Kentucky State Medical Association's annual meeting, a good many doctors who'd been pushing for passage of the free-choice bill found themselves in pretty much the same position as Happy Chandler. At a time when the A.M.A. is studying the whole free-choice question, they didn't want to rush through any hastily drafted resolutions assailing John L. Lewis. But they showed where their real feelings lay when they chose one of their number for the state association's distinguished service award.

Whom did they pick for this honor? None other than the author of the free-choice-of-physician bill, Dr. Joseph E. Johnson, a general practitioner who's served in the State Legislature since 1949.

The Kentucky delegates obviously weren't ready for an immediate showdown with the U.M.W. They voted down or re-



Johnson

ferred to committee the following three proposals:

1. To "express unalterable opposition to any and all medical plans that deny the patient free choice of physician."

2. To declare ineligible for state society membership doctors who work with such plans.

3. To knock out of the state society's bylaws the two paragraphs providing appeals machinery for doctors who are denied, or suspended from, county society membership.

Beyond that, the delegates directed a special committee to study how best to get along with the United Mine Workers.

At the same time, however, they laid the groundwork for a new legislative push for free choice of physician. They voted a \$15 increase in dues, part of which will probably help pay for stepped-up legislative activity.

"We're always fighting a rear-guard action in Congress and in the State Legislature," commented Dr. Richard R. Slucher, a member of the special committee on U.M.W. relations. "If we keep on fighting rear-guard actions, we'll be practicing third-party medicine a lot sooner than we expect."

No new legislation is possible right away. The State Legislature

TRINSICON^{*} ASSURES COMPLETE ANEMIA THERAPY

Following
e oppo
l plan
choice o
or state
rs who
ate so
graph
ery fe
or sus
mem
tes d
o stud
th th
er, the
a new
oice o
15 in
ch wi
ped-u
a rear
and
nento
emba
ee of
deep o
e'll al
edicin
" possi
slatur



Provides therapeutic quantities of all known hematinic factors

Potent 'Trinsicon' offers complete and convenient anemia therapy plus maximum absorption and tolerance. Just two Pulvules 'Trinsicon' daily produce a standard response in the average uncomplicated case of pernicious anemia (and related megaloblastic anemias) and provide at least an aver-

age dose of iron for hypochromic anemias, including nutritional deficiency types. The intrinsic factor in the 'Trinsicon' formula enhances (never inhibits) vitamin B₁₂ absorption.

Available in bottles of 60 and 500.

*'Trinsicon' (Hematinic Concentrate with Intrinsic Factor, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

819008

News • News

doesn't meet again until 1960. But when it does, one of the front-row senators will be the Kentucky doctors' own distinguished-service-award winner, Joseph E. Johnson. And the M.D.s all know where *he* stands.

California's Calling—If You're a G.P., That Is

Do you feel the pull of California, "the doctor magnet"? That's what the state seems to Lynne Atherton as she runs the placement service of the California Medical Association. Although she has a backlog of doctor-applicants from all over the world who want to locate in California, she'd welcome your name if you're "a good G.P."

"A general practitioner with two years of residency can be placed almost immediately," says Miss Atherton. Conversely, she says there's "an overdose of specialists" in California.

It's easy to see why she thinks so. She lists 198 board-certified and board-eligible surgeons in her files. But she's had calls for only three surgeons in six months.

Other specialists buck the same kind of odds. For instance, she has 228 internist-applicants for a mere

A NEW
a vitally
different
approach
to the
therapeutic
concept
of
coronary
artery
disease...
a tablet of
heparin

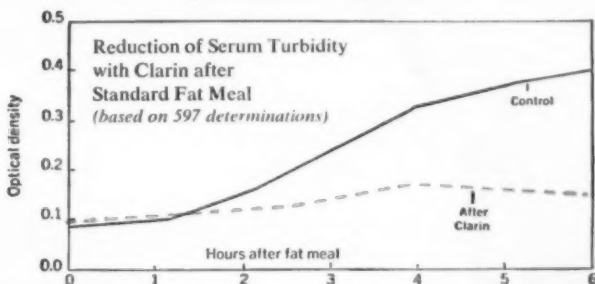
Each
tial
sults.
rin w
conte
adop
pered
and
on bi
Now,
thera
with
which
Each
of he
amou
affect
With
under
mia i
a con
ather
safely
results
The v
benefi
are o
tionsh
olism

ADVANCE in the management of atherosclerosis

Clarín^{*}

(sublingual
heparin potassium,
Leeming)

clears lipemic serum



Each time your patients eat a substantial fat-containing meal, lipemia results. Small amounts of injected heparin will help control this increased fat content in the blood,^{1,2} but widespread adoption of this method has been hampered by its inconvenience, pain, cost and the necessity for periodic checks on blood clotting time.

Now, long-term preventive heparin therapy is practical for the first time with the introduction of CLARIN — which is heparin in *sublingual* form. Each CLARIN tablet contains 1500 I. U. of heparin potassium—a sufficient amount to clear lipemic serum without affecting coagulation mechanisms.^{3,4}

With one mint-flavored CLARIN tablet under the tongue after each meal, lipemia is regularly controlled, removing a constant source of danger to the atherosclerotic patient. He may eat safely, with less fear of dangerous results, without hard-to-follow diets.

The varied implications of CLARIN in beneficially affecting fat metabolism are obviously far-reaching. The relationship between heparin, lipid metabolism and atherosclerosis may well be

analogous to that between insulin, carbohydrate metabolism and diabetes mellitus.⁵

Use CLARIN to protect your atherosclerotic patients — the postcoronaries and those with early signs of coronary artery disease.

Indication: For the management of hyperlipemia associated with atherosclerosis.

Dosage: After each meal, hold one tablet under the tongue until dissolved.

Supplied: In bottles of 50 pink, sublingual tablets, each containing 1500 I. U. heparin potassium.

1. Council on Drugs, J.A.M.A. 166:52 (Jan. 4) 1958. 2. Hahn, P. F.: Science 98:19 (July 2) 1943. 3. Fuller, H. L.: A. M. A. Scientific Exhibit, June, 1958. 4. Rubio, F. A., Jr.: Personal communication. 5. Engelberg, H., et al.: Circulation 13:489 (April) 1956.

*Trade Mark. Patent applied for.

Theo. Leeming & Co., Inc.

155 East 44th Street, New York 17, N. Y.



to control this
woman's appetite
all day long
and improve
her mood



DEXAMYL*

'Dexedrine' plus amobarbital

SPANSULE*

sustained release capsules, S.K.F.

In the overweight patient, a single 'Dexamyl' *Spansule* capsule taken in the morning will control appetite all day long, *at the same time* allaying the tension and anxiety which often contribute to overeating.

Because they elevate mood, as well as effectively control appetite, 'Dexamyl' *Spansule* capsules make dieting easier.

Available in two dosage strengths:

No. 2 (standard strength) and No. 1 (lower strength).

* * *

To control appetite all day long in the listless and lethargic patient who needs to be gently stimulated, prescribe

DEXEDRINE*

dextro-amphetamine
sulfate, S.K.F.

SPANSULE*

sustained release
capsules, S.K.F.

5 mg., 10 mg. and 15 mg.

*Smith Kline & French Laboratories,
Philadelphia*

*T.M. Reg. U.S. Pat. Off.

s • News • News

four openings; twenty-eight pathologists, two openings; sixty-nine pediatricians, three openings. (One exception to the generally bleak placement prospects for specialists: Miss Atherton reports "excellent opportunities" for EENT men—twelve applicants for seven openings.)

How does the outlook for general practitioners compare? Miss Atherton estimates that it's five times easier for a G.P. to be placed than for a specialist. But she emphasizes that the desirable general practitioner is well-trained: "A G.P. without training beyond internship can be nearly as difficult to place as a surgeon."

War-Crime M.D.s Back In Practice Abroad

German doctors who experimented on concentration-camp inmates are being allowed to resume practice, in a "cynical affront to . . . the high ideals of the true practice of medicine throughout the world."

The words are those of the British Medical Association. It's been told of a woman doctor who was sentenced to twenty-five years' imprisonment at Nuremberg in 1946. She was released in 1952, received

an interest-free loan to get started again, and is practicing today in Northwest Germany.

Other practitioners linked with war crimes are getting similar favorable treatment, according to the B.M.A. It's protesting to German authorities.

State-Wide Blue Plan Tries County-by-County Rates

One of Blue Cross-Blue Shield's perennial problems is being tackled in a new way. The problem: How to give subscribers some incentive for not seeking unnecessary hospitalization under the plan. The solution on trial in Oklahoma: Adjust premiums county by county so that they reflect local utilization rates.

According to N. D. Helland, executive director of Oklahoma's Blue Cross-Blue Shield, here's the way the scheme will work:

At the end of each year, subscribers' premiums in every Oklahoma county will go either up or down. Which way they go will depend on how much the plans paid out the previous year in that county in relation to premium income there.

For example, in a county where only two-thirds of the premium income was paid out during the year, subscribers' premiums will be



with
POLARAMINE
dextro-chlorpheniramine maleate
REPETABS®

daylong or nightlong relief

The allergic patient who starts the day with one 6 mg.
 POLARAMINE REPETAB enjoys continuous symptomatic relief all day.
 Nighttime—Another REPETAB keeps the patient
 symptom-free to enjoy uninterrupted sleep.

You and your allergic patients can depend on
 POLARAMINE REPETABS for unexcelled antihistaminic protection
 around the clock...at doses lower than other antihistamines.



POLARAMINE REPETABS 6 mg., bottles of 100 and 1000.
 Tablets, 2 mg., bottles of 100 and 1000.

SCHERING CORPORATION • BLOOMFIELD, NEW JERSEY

Schering



News • News

slashed 15 per cent. Where just about all the premium income was paid out, subscribers' premiums will rise 15 per cent. Where substantially more than the premium income was paid out, premiums will shoot up 30 per cent, 45 per cent, or even more, on a sliding scale.

By basing subscriber charges on the previous year's results in each county, the state-wide plan hopes to remind doctors and patients of the direct relation between utilization and price tag. The Blue Cross-Blue Shield Board of Directors approved the idea last spring. It went into effect this summer.

OB Patients Say They're Left in the Dark

How many doctors talk with prospective mothers about the details of their forthcoming confinements?

To find out, Mrs. Christine S. Smith, a Denver obstetrical nursing instructor, surveyed 250 private patients. Seventy per cent of the women said their doctors had told them nothing to prepare them for labor. The others said they had received what Mrs. Smith calls "very minimal preparation."

This question was also put to the

patients: "How did your doctor prepare you for this hospitalization?" Mrs. Smith's findings: "Half . . . had been offered no information; others were offered information regarding the hospital's and doctor's fees."

Hollywood Mourns Flop of Panel Plan for Pets

West Coast champions of private medicine chuckle when they relate what's happened to a dog-and-cat version of a closed-panel health plan. It's P.H.P.—that's right, for Pet Health Plan—and it was the talk of Southern California three years ago. It offered almost complete pet care for an annual premium of from \$25 to \$30, the care to be provided by a staff of twelve veterinarians.

Private vets in the area were worried at first, because P.H.P. started off with a bang. At its head was a former executive director of California's Blue Shield. In its bank account was \$3,000,000, put up mainly by film-star backers. The money went in many directions: to start constructing a supermodern animal-care center; to finance newspaper ads and billboard displays; to recruit veterinarians, including one who reportedly was offered a \$50,000 salary.

More▶

whenever
he
starts
to

CHEW

he's
ready
for

Delectavites®

*New vitamin-mineral supplement
in delicious chocolate-like nuggets*



There's nothing easier to give
or take—
than Delectavites.
A real treat...
the children's favorite...
tops with adults, too.

Each nugget contains:

Vitamin A	5,000 Units*
Vitamin D	1,000 Units*
Vitamin C	75 mg.
Vitamin E	2 Units†
Vitamin B-1	2.5 mg.
Vitamin B-2	2.5 mg.
Vitamin B-6	1 mg.
Vitamin B-12 Activity	3 mcg.
Panthenol	5 mg.
Ascorbinamide	20 mg.
Folic Acid	0.1 mg.
Biotin	30 mcg.
Biotin	12 mg.
Calcium Carbonate	120 mg.
Boron	0.1 mg.
Cobalt	0.1 mg.
Fluorine	0.1 mg.
Iodine	0.5 mg.
Magnesium	3.0 mg.
Manganese	1.0 mg.
Selenium	3.0 mg.
Potassium	2.5 mg.

*U.S.P. units †I.U. units

Each nugget contains:

Supplied: Boxes of 30 and

Wholesaler's supply

Boxes of 90-three

months supply or

family package.



WHITE LABORATORIES, INC., KENILWORTH, N. J.

Your patients should know

THE TRUTH ABOUT ELASTIC STOCKINGS

*They want sheerness . . . but
you're interested in support.
There's only one way
to get both!*

*What about the new stretch
nylons that claim to be
"Support Hose"—do they
really work?*

*How can your patients be
sure they're getting all the
support you want them
to have?*





There was a time when you had trouble getting patients to wear elastic stockings because they weren't sheer enough.

Fortunately, this is no longer a problem. Today elastic stockings are made so as to be almost undetectable.

But now there's another fly in the soup . . . and this one has to do with *support*.

Specifically: the new "support hose" made *without* rubber.

The blunt fact is, these so-called "support hose" just can't do the complete job that stockings made with rubber do.

Why?

No substitute for rubber

An elastic stocking works by the elasticity of rubber (the way a rubber band stretches and contracts . . . or a rubber ball bounces).

In much the same way, the rubber in real elastic stockings "bounces back" to give necessary support. Only rubber offers this continuing return-action.

But "support hose" contain no rubber. Sure, they stretch . . . but they keep right on stretching like the stretch nylons they are.

The only true support

Your patients can get the kind of support you want them to have only with the *elastic* kind of elastic stockings . . . made with rubber.

So next time you prescribe "elastic stockings," explain the *difference* that the rubber in real elastic stockings makes.

Bauer & Black, the world's largest maker, offers a complete range of styles—for work, for informal living, or for dress-up occasions (*as sheer as 51 gauge*). And each is truly elastic . . . with rubber in every supporting thread.

Prices start at \$6.90 a pair . . . and expert fitting is available at all leading drug, department and surgical supply stores.

Bauer & Black
DIVISION OF THE KENDALL COMPANY

• News • News

Despite this glamorous start, P.H.P. somehow never got rolling. It was able to sign up only about 1,000 subscribers. So the speculating movie stars had to settle for a tax loss.

The supermodern veterinary hospital still stands unfinished—the San Fernando Valley's steel-and-glass memorial to panel medicine for pets.

Surgeon Urges Insurance For Psychoneurotics

Not just psychiatrists, but *all* doctors are personally involved in the struggle to provide health insurance for psychiatric patients. This is the contention of Dr. William E. DeMuth Jr., a surgeon in Carlisle, Pa.

He personally feels involved, Dr. DeMuth says, because he's sick and tired of seeing unnecessary surgery performed on patients who actually are in need of psychiatric care.

"I have seen one patient who had been subjected to seven hospitalizations and four abdominal operations before a competent psychiatrist was consulted," he recalls. "A serious anxiety state on the basis of a deviation in sexual behavior

was readily found . . . The expense of the last two operations was completely covered by an insurance facility which limited coverage to ten days for psychiatric diagnosis."

This and similar cases, Dr. DeMuth asserts, are caused directly by the fact that patients are usually not insured against psychoneurotic disorders. For strictly financial reasons, they and their families bring "great pressure" to bear on the surgeon.

Here, he explains, is what happens when a surgeon gets a patient who ought to have been sent to a psychiatrist:

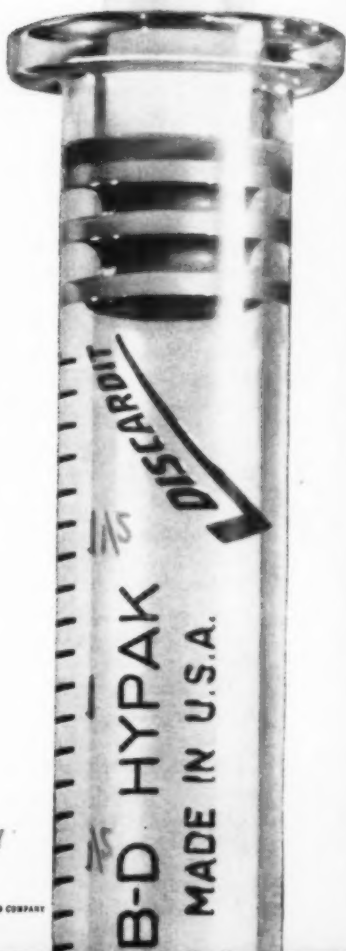
"At least a week has been consumed to rule out organic disease . . . [before] the practitioner begins to suspect the functional nature of the disorder. He realizes that the expensive work-up may not be covered by insurance . . . The family becomes aware that not only future expense but the past expense as well may have to be borne by them . . .

"At this point, often at the patient's insistence, a bevy of consultants come into the picture . . . [Sometimes] the quest will lead to a lesion of very dubious importance . . .

"The visceroptosis, more popular in years gone by, has been largely replaced by the small hiatal her-

THE BARREL IS GLASS HYPAK® STERILE DISPOSABLE SYRINGE-NEEDLE COMBINATION

a B-D  product



- all-glass barrel...the material proved safe by time and use
- no solvent action...even after extensive, prolonged contact with parenteral fluid
- sterile, pyrogen-free, nontoxic...
B-D Controlled from top to tip
- new, sharper needle point for one-time use...greater patient comfort



BECTON, DICKINSON AND COMPANY
RUTHERFORD, NEW JERSEY

B-D, HYPAK, AND DISCARDIT ARE TRADEMARKS OF BECTON, DICKINSON AND COMPANY

News • News

nia . . . the retroverted uterus, the small myomatous uterus, the 'chronic' appendix, and other borderline lesions which often can scarcely be fitted into the symptomatology by even tenuous reasoning . . . [This is often] the beginning of a recurring series of similar episodes which may occasionally lead to a catastrophic outcome."

Dr. DeMuth believes in leaving psychiatric problems to psychiatrists. "Until reasonable coverage is furnished," he warns, "the internist and surgeon will too often be called upon to . . . fill a gap in medical care for which they are unsuited by training or experience."

One Woman Doctor's Design for Living

Marriages have foundered over a woman's determination to practice medicine and still be a wife and mother. Here's a marriage that hasn't, because the woman M.D. has turned the usual pattern upside down:

Dr. Margaret Maynard, a Knoxville, Tenn., dermatologist, is the family breadwinner. It's her husband who manages the household.

Dr. Maynard is married to

Leonhard Scheuermann, a retired mechanical engineer. He shops for the groceries, plans and prepares the meals, supervises the housework, cultivates the garden, and looks after the children.

"It isn't usual," Dr. Maynard agrees, "but it works!"

Witch Doctors Profit From M.D.'s Example

For thousands of African witch doctors, the advent of Western civilization has been just the stimulus they needed to rise to new heights of prosperity and influence. And while they still scorn the white doctor's methods, they've benefited from his professional example.

Thus, for instance, the witch doctors are now organized into medical societies. The one in South Africa has some 4,000 members. It charges an entrance fee of \$7 and an annual membership fee of \$2.80. It enforces a code of ethics designed to encourage high standards of professional conduct.

Again, jungle medicine can now be studied at a regular "medical" school; and the witch doctors hope to set up a second school. The ancient apprenticeship system is outmoded, explained one medicine man recently. It has to go, he said.

proven effective and unusually well tolerated in over 600 clinical studies

■ does not impair mental efficiency or physical performance ■ relieves both mental and muscular tension ■ does not affect autonomic function

Miltown

W WALLACE LABORATORIES ■ New Brunswick, New Jersey

new test for gastric acid—
now a simple office procedure



Diagnex Blue

Squibb Azure A Carbacrylic Resin Diagnostic

Your patient swallows a liquid instead of a tube
— and the results are just as accurate

- eliminates discomfort and inconvenience of intubation
- time-saving and economical; can be used in office
- requires no special equipment
- well-tolerated and completely safe

Diagnex Blue is easy to use:

1. The patient takes DIAGNEX BLUE orally.
2. Urine samples are collected and returned to the physician.
3. Simple color comparison indicates gastric acid status.

Results are easily interpreted:

Free gastric acid is shown by color equal to or more intense than 0.6 mg. standard.

Absence of free gastric acid is shown by color equal to or less intense than the 0.3 mg. standard.

Borderline secretion is indicated by a color intermediate to these two standards.

- * Diagnex Blue has been used in thousands of gastric analyses with conclusive evidence of accurate results (95% accurate identification of acid secretors, 97% accuracy in identifying achlorhydrics).

SQUIBB



Squibb Quality—
the Priceless Ingredient

*Diagnex® is a Squibb trademark.

how to perform the **Diagnex Blue Test**

This is what the physician tells the patient:

Start test immediately on arising, without eating or drinking anything for breakfast.



START



Urinate.
Do not keep this urine.



Tear open the small packet
and swallow the 2 tablets
with a glass of water.



1 HR. LATER



Urinate. Save urine in jar
marked "control urine".



Open large packet. Pour con-
tents into 1/4 glass of water.



Stir well and drink it. (The
granules do not dissolve.)
If granules remain, add a
little more water and drink
thoroughly.



2 HRS. LATER



Urinate. Save urine in jar
marked "test urine"

Test Procedure

Each box of **DIAGNEX BLUE** has a color comparator block with two color standards—one representing color intensity of 0.6 mg. azure A, and the other 0.3 mg. azure A. Color comparison should be made against a suitable light source.

- A. 1. Dilute the control and test urines with water to 300 cc. each.
2. Fill two test tubes with approximately 10 cc. of control urine each, and fill a third test tube with about 10 cc. of the test urine.
3. Place the test urine tube in the middle slot of the comparator and the control urine tubes in front of the two color standards.
4. If the color intensity of the test urine is equal to or exceeds that of the 0.6 mg. standard, the patient has secreted free gastric hydrochloric acid and the test is complete.

3. 1. If the test sample color is less intense in color

than the 0.6 mg. standard, acidify all samples with 2 drops of diluted (10%) hydrochloric acid. Heat the three test tubes in a boiling bath for 10 minutes. (Boiling may decolor sample, but color will reappear on cooling.) Remove tubes from the bath and allow to cool for 2 hours. Compare color intensity as in A3 and A4.

2. When the color of the test specimen falls between the 0.6 mg. and the 0.3 mg. standards, this is presumptive evidence of hypochlorhydria. When the color of the test specimen is less intense than that of the 0.3 mg. standard, this is presumptive evidence of achlorhydria.

Supply: Boxes of 5 and 50 test units with comparators. Each test unit contains 2 Gm. **DIAGNEX BLUE** granules, two 250 mg. tablets of caffeine sodium benzoate to stimulate gastric secretion, and labels for urine samples. Complete instructions for use are included in each package.

Would you like
additional information
on **DIAGNEX BLUE**?

Simply mail this coupon.

Professional Service Department (11G)

SQUIBB, 745 Fifth Avenue, New York 22, N. Y.

Gentlemen: Please send a copy of your technical leaflet,
"A Tubeless Test for Gastric Acid" to:

Dr. _____

Address _____

• News • News

because under it the instruction is not uniform, and this is detrimental to the profession.

Even the local M.D.s have melted considerably in their attitude toward witch doctors. Some physicians have cultivated the medicine men, in hope of learning the source of their herbal Rx's. But so far such efforts have been rebuffed, because the witch doctors believe that once they reveal their secrets they lose the power to cure.

Yet in the care of patients, witch doctors and M.D.s sometimes work well together. One Johannesburg physician reported that in his own practice, "I found that when an operation was recommended, the African patient would leave the hospital to consult his witch doctor. If the witch doctor agreed the operation was necessary, the patient returned psychologically prepared for it."

His suggestion: "It might be time to discuss seriously the appointment of a resident witch doctor" in nonwhite hospitals. **END**



Placidyl[®]
NONBARBITUATE (ETHCHLORVYNOL, ABBOTT)

nudges your patient to sleep

Abbott

when nausea and vomiting
bring a plea for help . . .

suggest first aid with . . .

EMETROL®

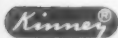
[PHOSPHORATED CARBOHYDRATE SOLUTION]

a safe, pleasant-tasting, oral antiemetic . . .

effective in 6 out of 7 cases of functional vomiting¹—often associated with intestinal "flu" or G.I. grippé. Rapidly effective . . . economical . . . and safe *physiologic action* usually eliminates need for potentially hazardous antiemetic drugs. Also established for safe relief of "morning sickness."²

Dose: children, 1 or 2 tsp.; adults, 1 or 2 tbsp.; repeat every 15 minutes until vomiting ceases. In bottles of 3 and 16 fl.oz. DO NOT DILUTE.

¹ Bradley, J. E., et al.: *J. Pediat.* 39:41, 1951. ² Crunden, A. B., Jr., and Davis, W. A.: *Am. J. Obst. & Gynec.* 65:311, 1953.



KINNEY & COMPANY, INC. COLUMBUS, INDIANA

KEEPS HEADSC

WITH REM

F



Meis

CRYSTAL CLEAR

REMARKABLE LACK OF SIDE EFFECTS

Rynatan[®]

Major advance in therapy for
SINUSITIS
RHINITIS
CORYZA

**ALL DAY...ALL NIGHT RELIEF WITH A
SINGLE ORAL DOSE**

WITHOUT the drowsiness, dizziness or G-I disturbances
typical of antihistamine therapy



- * Keeps heads clear 10-12 hours
- * Stops the cycle of post-nasal drip
- * Provides controlled, even absorption



2 CONVENIENT DOSE FORMS... BOTH DURABONDED[®]

Each tabule contains:

Phenylephrine Tannate	25.0 mg.
Propenpyridamine Tannate	37.5 mg.
Pyrilamine Tannate	37.5 mg.

Suspension (Pediatric)—each 5 cc. contains:

Phenylephrine Tannate	5.0 mg.
Propenpyridamine Tannate	12.5 mg.
Pyrilamine Tannate	12.5 mg.

TABULES: Usually 1 or 2 tabules each 12 hours.

SUSPENSION (PEDIATRIC):

Children: Six years and older, 1 to 2 teaspoonfuls
each 12 hours; under six years, according to age.
Dosage may be increased or decreased as required.

*A Durabond Process—Neisler Exclusive. Patent Pending

Write for Literature and Samples

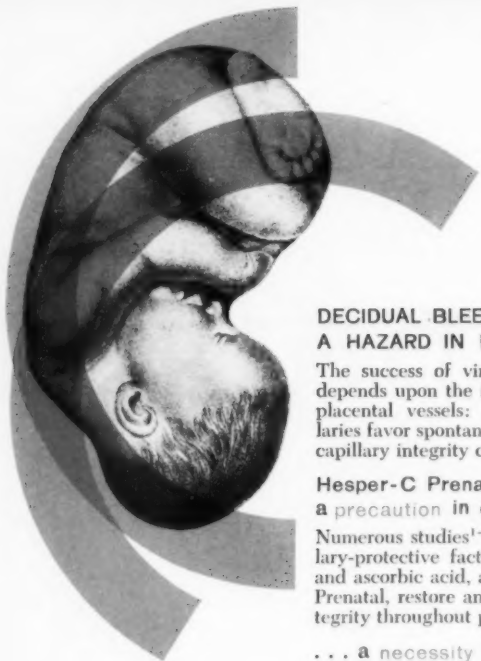
SUPPLY:

Tabules: Bottles of 30 and 500.

Suspension: Bottles of 70 cc. and one pint.

Neisler

IRWIN, NEISLER & CO. DECATUR, ILLINOIS



DECIDUAL BLEEDING . . .

A HAZARD IN EVERY PREGNANCY

The success of virtually every pregnancy depends upon the integrity of the mother's placental vessels: Fragile decidual capillaries favor spontaneous abortion;^{1,2} restored capillary integrity can prevent it.

Hesper-C Prenatal . . .

a precaution in every pregnancy

Numerous studies¹⁻⁶ confirm that the capillary-protective factors, hesperidin complex and ascorbic acid, as provided in Hesper-C Prenatal, restore and maintain capillary integrity throughout pregnancy.

. . . a necessity in habitual abortion

In habitual aborters, the administration of hesperidin complex and ascorbic acid results in impressive fetal salvage—as high as 95% in one Hesper-C series.⁴ "Repeat performances" often follow.

Hesper-C Prenatal

capillary-protective factors + vitamins and minerals

References: 1. Greenblatt, R. B.: *Obst. & Gynec.* 2:530, 1953. 2. Pearse, H. A., and Trisler, J. D.: *Clin. Med.* 4:1081, 1957. 3. Javert, C. T.: *Spontaneous and Habitual Abortion*, New York, The Blakiston Division, McGraw-Hill Book Co., Inc., 1957, p. 338 ff. 4. Javert, C. T.: *Obst. & Gynec.* 3:420, 1954. 5. Dill, L. V.: *M. Ann. District of Columbia* 23:667, 1954. 6. Greenblatt, R. B.: *Ann. New York Acad. Sc.* 61:713, 1955.

Products of Original Research



THE NATIONAL DRUG COMPANY
Philadelphia 44, Pa.

RIAS
fully fo
choice

The s
before
case typ
medical

Treat
immedi
aching.
appear
gradual
recurre
united
have b
reaction

The R
sapon
ury (O
resol (C

Applic
ring, l
ently a
andage

Availa
n 4 and

One T



RI

RIASOL

20 YEARS

EXPERIENCE

IN PSORIASIS

RIASOL* has been used successfully for 20 years and is the preferred choice in treatment of psoriasis.

The success story is told in these before and after photographs of a case typical of those reported by the medical profession.

Treatment with RIASOL can offer immediate relief from the intolerable itching. Soon the scales begin to disappear and the red skin patches gradually fade away. Seldom are recurrences encountered with continued treatment, and no reports have been submitted on adverse reactions.

The RIASOL formulation includes a saponaceous combination of mercury (0.45%), phenol (0.5%) and cresol (0.75%).

Applications once daily, before re-dressing, by rubbing a thin film in gently after cleansing the skin. No bandages needed.

Available at pharmacies or direct in 4 and 8 fl. oz. bottles.

*T. M. Reg. U. S. Pat. Off.

One Trial Will Convince You



COMPLIMENTARY SAMPLE

For professional literature and a generous clinical trial package of RIASOL, write to

SHIELD LABORATORIES

Dept. ME-1158
12850 Mansfield Avenue
Detroit 27, Michigan



BEFORE USE OF RIASOL



AFTER USE OF RIASOL

RIASOL FOR PSORIASIS

This patient's blood-pressure controlled for the first time without side effects

Remember this particular patient. He typifies the thousands of patients involved in a clinical investigation which promises to bring about a major change in rauwolfia therapy. The patient is being treated in a Massachusetts hospital. His blood pressure without treatment ranged up to 220/138; now *for the first time*, it is being maintained near normal *without side effects*. This dramatic case history is part of the story of a remarkable new antihypertensive agent

SingoserpTM
(syrosingopine CIBA)

coming as soon as sufficient supplies are available...
from CIBA, world leader in hypertension research.

2/2608MK



You're o
your voic
your me
Voicewri
derful wa
and keep

Frees,
Patients,
come fir
you have
ing a sec
Voicewrit
... at ho
the hospi
Voicewrit
secretary

Edison

Thomas A.
In Canada:



Emergency call...

but Voicewriter "dictates" while you're out!

You're off to the patient's home . . . yet your voice is dictating crisply, clearly, to your medical secretary via the Edison Voicewriter Diamond Disc. It's a wonderful way to be two places at one time and keep ahead of vital paper work.

Frees you for the work that counts! Patients, not paper work, can always come first. You can dictate whenever you have spare moments, without having a secretary on hand. Dictate to your Voicewriter at any time of day or night . . . at home, in your car, in the office, at the hospital. Then just turn the Edison Voicewriter Diamond Disc over to your secretary and you're free.

Less chance of error, too! She types exactly what you *say* . . . not what you dashed out on paper, or what she took down in shorthand. Case histories, correspondence, operative summaries, x-ray readings, research and medical papers . . . all are completed with greater speed and accuracy than you've ever dreamed possible.

You can rely on Edison! Every Voicewriter user enjoys the benefits of Edison's more than 70 years' experience in the office correspondence field. If you'd like to check up on Voicewriter's standing in your profession . . . ask the doctor who uses one and you'll be convinced that Voicewriter dictation is best for *you*.

Edison Voicewriter • a product of Thomas A. Edison Industries

Thomas A. Edison Industries, West Orange, N. J.
In Canada: 32 Front Street W., Toronto, Ontario



HOW SUSAN KEPT BILLY FROM CRYING...

He stopped whimpering when I pointed to the G-E monogram. Even in Billy's small world, these two letters stood for something familiar — something he saw on so many good things at home. Soon he was happily diverted, waiting for the doctor to check his radiograph.



Patients can tell the quality...
but PATRICIAN'S modest price is your surprise



A glance at the familiar G-E nameplate tells people *this is quality* — but have you discovered Patrician's remarkable value? Have you ever seen a low cost x-ray unit with all these features? Included are both fluoroscopic and radiographic facilities; 200-ma full-wave power; full-length 81" table; independent tubestand; recipromatic Bucky; rotating-anode tube and much more — all yours at a price competitive with other low cost units.

MEET THE PATRICIAN PERSONALLY!

Your G-E x-ray representative will be happy to introduce you to one in your area. Or write X-Ray Dept., General Electric Co., Milwaukee 1, Wisconsin, for Pub. C-111.

Progress Is Our Most Important Product

GENERAL  ELECTRIC



Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, NOV. 10, 1958

NOW
THEY



ASK FOR CHECK-UPS!

*Here's a practice builder that's required
by medical conscience and requested by patients—if
the doctor plants the idea this way*

By Leonard Casser, M.D.

If you're as squeamish as I am about "selling" even a sick patient on all the tests and examinations he ideally ought to have, how do you go about "selling" something that's going to take his money when he's well—the periodic check-up?

This problem of how to recommend preventive examinations (sometimes to a patient still paying off a bill for past medical services) used to rub so painfully on my ethical nerve that I tried dodging it. To be sure, *that*

NOW THEY ASK FOR CHECK-UPS!

wasn't exactly ideal either. Any physician hates to remember the cases he came upon too late—say, a rectal cancer developing from a polyp—that could have been caught if the patient had been given an early physical examination.

Then one day, as I was doing my house calls, a man who had just had two illnesses in his fam-

ily asked me: "Dr. Casser, just how often should people have check-ups?"

"Oh, about once a year," I said—and perhaps something in the offhand tone of my answer failed to satisfy him. Anyway, the puzzled look on his face started *me* puzzling, too:

Here was a man asking about preventive care for a family en-



"Well, Dr. Rudnic! I take it this isn't a *professional* call."

compa
2-year
And h
autom
all of
sense.

The
frequ
agers,
gan thi
yond t
tions w
stepped
55 . .
rectal
males:

By n
ten into
ing for
who wo
ten . .
quately
consult
to redu
—a kin
tive car

Com

So I
of reco
The list
a dozen
devoted
group,

compassing every category from 2-year-old son to grandmother. And here I was recommending automatic yearly check-ups for all of them. It just didn't make sense.

It Depends on Age

The 2-year-old needed more frequent check-ups; the teenagers, less frequent. Then I began thinking about variations beyond that: the pelvic examinations women ought to have at a stepped-up pace from age 35 to 55 . . . the recurring chest and rectal examinations for mature males . . .

By now I saw what I had gotten into. I certainly wasn't looking forward to the next patient who would ask, "Doctor, how often . . .?" Answering him adequately would take up a lot of consultation time. Shouldn't I try to reduce it all to black and white—a kind of timetable of preventive care?

Comprehensive Schedule

So I rounded up a dozen lists of recommended examinations. The lists reflected the interests of a dozen different societies, each devoted to one sex or special age group, disease or diagnostic

study. I combined them in a master list of my own (see pages 78, 79, 80).

Any physician looking at my list can think of his own modifications. And perhaps he wonders: Just how can handing out such a list achieve more complete care for patients, without arousing suspicion that the doctor is "hard-selling" his services?

The simplest answer is: *Don't* hand out the list, at least not at first. Mimeograph it and place some copies on a table in your waiting room. Then see what happens.

Patients Want Them

Will they gather dust as old National Geographics used to? Quite the contrary, if my experience is any guide.

Often in my consultation room nowadays, a patient produces a copy of the list. He unfolds it and stares at me somewhat accusingly. Then he asks: "How come you haven't told me about this, Doctor? It says right here that in my age group . . ."

I've learned to welcome this implication of neglect. The patient is thinking to himself: "Here's something I ought to have, and I had to discover it for

NOW THEY ASK FOR CHECK-UPS!

myself—the doctor didn't even mention it." This gives me the chance to "sell" preventive care without seeming to pressure him into it.

The patient's attitude is quite

right, I tell him. And if he decides he wants such-and-such examinations, I add, he can leave the list with my receptionist on his way out. She will gladly work out appointments for the indicated

Minimum Health Examination

(For the best possible medical care, the patient should request his physician to schedule the following procedures at appropriate ages.)

Age	Recommendations
1 or less	<i>Physical examinations; monthly weighings and feeding instructions; immunizations against diphtheria, pertussis, poliomyelitis, smallpox, tetanus; tuberculin patch test</i>
2	<i>Boosters against diphtheria, pertussis, tetanus</i>
3	<i>Hemoglobin; red blood cell count; urinalysis</i>
4	<i>Complete physical examination</i>
5	<i>Boosters against diphtheria, pertussis, smallpox, tetanus; tuberculin patch test</i>
7	<i>Complete physical examination</i>
9	<i>Hemoglobin; red blood cell count; white blood cell count; differential; urine chemistry and microscopic examination; sedimentation rate</i>
11	<i>Complete physical examination; booster against tetanus</i>
15	<i>Complete physical examination; boosters against smallpox and tetanus; complete blood count; urinalysis</i>

examinations. And later she'll mail him a reminder.

If you've spotted a loophole in this system, I agree: It gives no guarantee that every patient sees the list, or that the people who

most need check-ups mention them to you.

You may want to consider a slightly more complicated variation that I've been following recently. It's more work for the

Disease Prevention Recommendations

Age	Recommendations
20	<i>Complete physical examination; booster against tetanus; complete blood count; serology; urinalysis</i>
25	<i>Complete physical examination; complete blood count; urinalysis</i>
30	<i>Complete physical examination; complete blood count; urinalysis; sedimentation rate</i>
30-35	<i>Females: pelvic exam recommended yearly</i>
35	<i>Complete physical examination; complete blood count; serology; urinalysis; sedimentation rate</i>
35-55	<i>Females: pelvic examinations, including Papanicolaou cancer smears, recommended every six months</i>
40	<i>Complete physical examination; complete blood count; serology; urinalysis; sedimentation rate; gallbladder X-ray</i>
40-70	<i>Males: chest X-rays, rectal examinations, recommended yearly</i>
45 -	<i>Complete physical examination; complete blood count; serology; urinalysis; sedimentation rate; stool examination; basal metabolism test; electrocardiogram; chest and stomach X-rays</i>

More▶

NOW THEY ASK FOR CHECK-UPS!

doctor, but it assures him that everyone gets the information.

When I'm about to discharge a patient, I take a copy of the list from my desk and say something like:

"You're in fine shape now and of course you want to stay that

way. You may be interested in knowing the latest recommendations for routine check-ups at your age. Some of them I could do here; a few we'd have to have done in a laboratory or by a specialist."

As I talk, I underline the ap-

HEALTH EXAM RECOMMENDATIONS (Cont.)

Age	Recommendations
45-65	Complete physical examination recommended every two years
50-100	Complete blood count, urinalysis, sedimentation rate, recommended every five years
50-100	Barium enema X-ray and sigmoidoscopic examination, recommended every fifteen years
55	Repeat procedures recommended for age 45 (above)
65	Repeat procedures recommended for age 45 (above)
65-100	Complete physical examination recommended yearly
70-100	Males: chest X-rays, rectal examinations, recommended every six months
75	Repeat procedures recommended for age 45 (above)
85	Repeat procedures recommended for age 45 (above)
95	Repeat procedures recommended for age 45 (above)

LEONARD CASSER, M.D.

appropriate examinations on the list. Then I hand it to the patient and, just as in the previous plan, I invite him to leave it with the receptionist.

By either method the patient walks out completely "unpressured." It's up to him whether he asks the receptionist to put his name in our reminder file. But about 90 per cent of my patients do; they seem to appreciate the suggestion.

What next? Well, when it's time to remind the patient, he gets a simple form in the mail. It says:

"Mr Jones: Complying with your request to remind you to have the following: [type of examination], I am reserving [date and hour]. If you cannot keep this appointment, kindly notify me."

It's More Trouble

This system is definitely no work-saver or corner-cutter. My aide and I put in extra hours now that may or may not be compensated by extra income. Yet sending these reminders, making arrangements with specialists and laboratories, reserving outside-office-hours time to do those examinations that fall within my

province—all this extra work is balanced by one unique compensation:

Thanks to those simple lists, I'm filling the role the public expects a general practitioner to fill: coordinator of all family medical services.

And for specialists, it seems to me such a list could be equally helpful. It could remind a patient that regardless of what specific problem brought him to the specialist, his health in general was a cause for the specialist's concern too.

Possibly my list implies extra revenue to the physician. Yet to date not a single patient has raised his eyebrows over that implication.

Only One Criticism


There's one complaint I *did* get. It wasn't that I was bidding for fees, but rather that I didn't anticipate enough of them. The gripe came from a spry gentleman of 91. He studied the list, then looked up at me.

"You call it preventive medicine," he said, "but I notice the tests you've recommended don't continue beyond age 100. You're not very optimistic about my future, are you?"

END

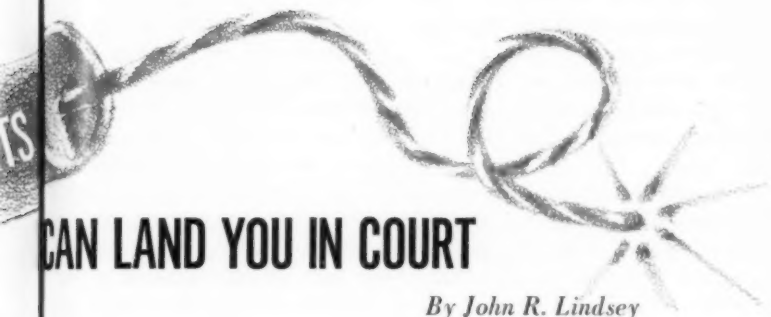
THESE DELAYED-ACTION SUITS CAN

It's not enough to know your state's usual statutory time limit on malpractice suits. You've got to be prepared for the exceptions that can stop the legal clock for years and years. Here are five situations to watch out for

 A few months ago, the U.S. Government lost a malpractice case on the basis of a diagnosis an Army doctor had made way back in 1949.

Ordinarily, such suits against the Government are barred after two years. (Every state also has a statute of limitations to protect citizens from stale or fraudulent suits brought after long lapses of time.) Why, then, was this specific suit allowed?

Because the patient hadn't been *aware* that he had grounds for a claim until after the statutory time limit was up. He'd discovered he had TB quite some time after the



CAN LAND YOU IN COURT

By John R. Lindsey

physician—who'd apparently misread an X-ray report—had told him there was nothing wrong with him.

In the final ruling on the case, the court pointed out that the plaintiff obviously had no cause for action until he knew he'd been hurt. Thus, it said, the statute of limitations didn't begin to run from the date of the doctor's malpractice, but from the date of the patient's discovery that he was ill.

That's not a new principle. Though the statutes in most jurisdictions begin to run from the time of the negligent act, some sort of post-discovery law does hold in several states (e.g., Alabama, California, Colorado, Louisiana, Maryland, Missouri, and North Dakota).

And the 1958 decision against the Government points up a growing tendency on the part of the judiciary to treat patients' claims sympathetically, if they seem sincere.

Furthermore, the law in many states is still pretty vague about certain aspects of the statute of limitations. It's con-

DELAYED-ACTION SUITS

stantly being subjected to legislative changes and to new interpretation in the courts. For example, take California: There the question of when the statute started to run in a given case is left to the jury to decide.

So you can't always bank on the usual time limits that your state sets to protect you from suit.

That's why cautious doctors get legal advice before they sue to collect old bills. As you know, such action sometimes tempts the disgruntled patient to start a suit of his own. And the wise doctor also talks it over with his lawyer before he removes apparently outdated records from his files.

The time limit for filing malpractice suits may be a year, two years, or even six years in your state. But it's always possible that there are important exceptions to the rule—exceptions that can stop the clock for a good many additional years.

Let's take a look at the five most common such exceptions:

1. If the patient is a child, the statute of limitations may not begin to apply until he comes of legal age.

Suppose, for example, that just last week you were negligent in setting a fracture in a 5-year-old boy. If you practice in Kentucky, say, you won't be immune to a malpractice action until late in 1975—one year after the patient turns 21. And if you practice in Wisconsin, where there's a six-year statutory time limit, you won't be safe until 1980! So you'd have to hold onto your records of the case at least that long.

Such long-delayed suits are by no means uncommon. For instance, consider the current plight of one New York obstetrician: He's being sued by a baby he delivered way back in June, 1937.

The plaintiff, now 21, has named the doctor as a co-defendant in a \$300,000 suit against a hospital. As an infant, the man charges, he lost the sight of one eye through negligent application of a silver nitrate solution.

Why has he waited till now to sue? His lawyers explain that it has only recently become possible to sue New York hospitals for negligence in medical cases. As attending physician, the OB man is included in the action.

2. If the doctor deliberately conceals an injury caused by his treatment, the statute may not begin to run until the patient discovers the injury.

Courts in some states consider such concealment on the doctor's part a fraud. They hold that the fraud itself is part of the act of malpractice. But they insist that *intent to deceive* must be proved.

Two recent West Virginia court decisions illustrate the point:

In one case, it was established that the surgeon knew he had sewed up a sponge in a patient but had concealed the fact until after the one-year statute of limitations had run out. Because fraud was proved, the court allowed the patient to proceed with her action against the surgeon after seven years.

In contrast, the West Virginia Supreme Court recently barred a similar postponed suit for the following reason: Though the surgeon had left a hemostat in the patient's abdomen, there was no evidence of "actual knowledge, fraud, or concealment, on his part."

So, since the patient hadn't

brought suit within a year of the operation, she'd lost her legal right to do so.

3. Even if there's no deliberate concealment of negligence, the statute may not start to run until the patient has discovered the injury—or should have done so, using common sense.

This exception is known as the "discovery doctrine." And, as I've already pointed out, it applies in at least a handful of states. Their courts hold—as in the Federal case mentioned earlier—that some patients can't justifiably be penalized for discovering injuries after the statutory time limit has run out.

Suppose, for example, a physician unknowingly leaves part of a broken hypodermic needle in the patient's skin. And suppose the patient doesn't find out about it until after the statutory time limit is up. He can then start suit, even though there's no question of fraud on the part of the doctor.

Naturally—and luckily for medical men—the plaintiffs in such actions are generally required to prove their stories. And they don't [More on 286]

After eleven years in a Washington, D. C., medical office building, this group lost its lease. The building was sold, and the doctors were given thirty days to move. Practicing precariously on a month-by-month extension, they frantically searched Washington for office space. 'Finally, we felt we had to do something fast,' says the group's head . . .

AND SO THEY BOUGHT THE BELGIAN EMBASSY

What do you do if you have to move a large medical practice to a mansion that was built primarily for diplomatic social functions? You make the best of what you've got, of course. The photographs on these pages show

how Dr. Wallace Yater and the other members of the Yater Clinic have adapted a handsome old embassy building to their medical needs. The comments that accompany each picture tell the story as Dr. Yater recalls it.




Dr. Yater looks pretty happy here, doesn't he? But he was anything but happy when the building where his group rented office space was sold—and he learned that their lease had no option to renew. The thirteen-man group was in danger of being flung onto the sidewalk in crowded Washington. That's what almost happened. They were given notice to move, and there wasn't a vacant medical office big enough to house the clinic. Furthermore, they didn't have time to build. Their only hope was to find some sort of place they could remodel.

More ►


THEY BOUGHT THE BELGIAN EMBASSY




When the doctor's wife said she'd been shown through the empty Belgian Embassy building on Massachusetts Avenue (the Belgians have a new place now), Dr. Yater thought it sounded like a possible home for the group. Although the other doctors were less than lukewarm, he went around to take a look. He discovered that the Embassy was big enough. And it was certainly as solid as the Pyramid of Cheops. But when he inquired about financing it, nobody wanted to give the clinic a loan. "It's a one-purpose building," they said. "It would be no good for anything except an Ambassador's residence."



Dr. Yater visualized those brass letters the first day he saw the building. But before they were put up, the purchase had to be cleared through Brussels. The clinic had to raise cash. It had to remodel the interior. And there were no blueprints to go by—at least not in America. The workmen had to tear up floors and knock holes in the plaster to find pipes and wires . . . The doctors still don't know what their taxes will be. (Embassy property is tax-exempt.)



Wherever they could, the doctors tried to preserve the building's grandeur. The Ambassador's library, for instance, made the transition to a medical library with ease—but it still looks quite grand. But some of the other changes were pretty expensive. It cost \$450 just to have one pair of big wrought-iron doors rehung in accordance with current building code specifications.



Not many years ago the belles of all nations trailed down this wide stairway. But they couldn't hold onto that utilitarian handrail you'll notice against the wall. The doctors put it in as an aid to patients taking the inside lane. Besides, it isn't easy to get a firm grasp on the carved oak balustrade.

More ►

THEY BOUGHT THE BELGIAN EMBASSY



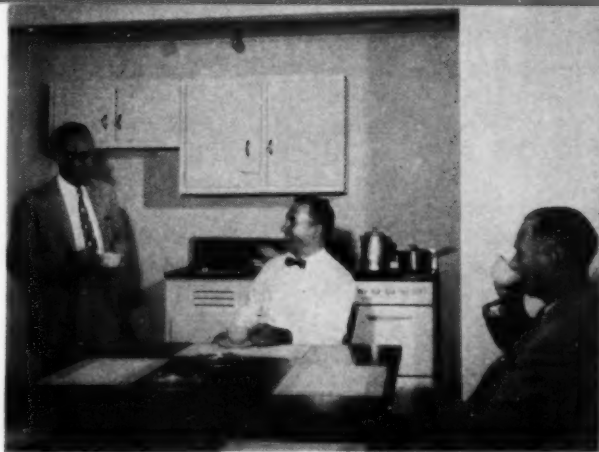
The butler's pantry, where the Ambassador's Sèvres and Limoges used to be kept, is now used for storing lab equipment.

The dumb-waiter that once carried breakfast trays up to resident dignitaries has become useful as a means of sending medical records and X-ray films from floor to floor. The girls wear gloves so they won't get rope burns.



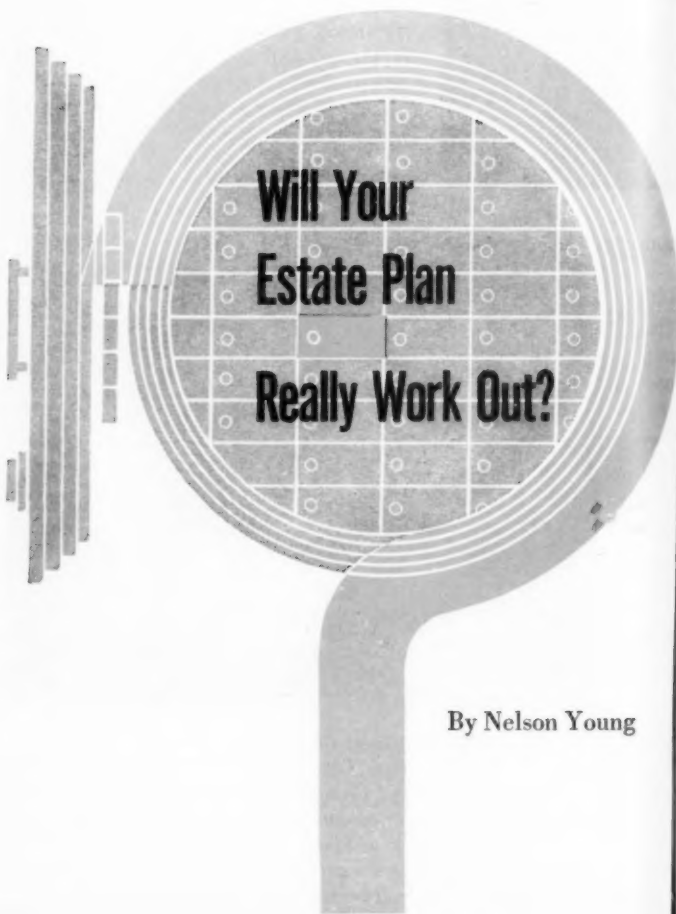


Some of the changes were really radical. This small minor-surgery room was once the Ambassador's bathroom. And the stately ballroom and banquet hall on the second floor were partitioned off into small offices and examining rooms. The doctors had to lower their sixteen-foot ceilings, to keep them from seeming like empty elevator shafts.



When the remodeling job was finished, the Yater Clinic had a total of sixty-one rooms. Up on the top floor is a big, rambling space where the doctors can gather for conferences and coffee breaks. In this photo, you can see some of the comforts and conveniences. The nurses and aides have a similar room . . . "Well, the whole thing has been quite a project," says Dr. Yater. "But now that we're settled in, we think we're just about the best-housed medical group in the country."

END



By Nelson Young

This v
his w

Dr. C
firmed
signed
ture, l
projec
Then
signin

It v
job he
The fa
came
prema
His w
dren
years t

The
Mrs. E
to tak
again.
able to
there'll
step of

How
mistak
Since h
as an o
doctor
you th
ning.

THE AUT
identifying

This true account of how one doctor's errors affected his widow may help you avoid similar mistakes

Dr. Charles Barnes was a confirmed do-it-yourself fan. He designed his home, his den furniture, his outdoor patio. All such projects turned out successfully. Then he tried his hand at designing an estate plan.

It was the one do-it-yourself job he shouldn't have tackled. The fact that he'd bungled it became tragically apparent at his premature death early this year. His widow and four young children will feel the effects for years to come.

They're not penniless. But Mrs. Barnes will eventually have to take up professional nursing again. The children may not be able to get through college. And there'll be tight budgeting every step of the way.

How did it happen? What mistakes did Dr. Barnes make? Since his errors might well serve as an object lesson for any young doctor with a family, let me tell you the story from the beginning.

In 1954, the doctor asked me to do a complete survey of his professional and personal finances. "I'd like to know exactly where I stand today," he explained. "Then I'll have a sound basis on which to plan for the future."

So I did what he asked. My findings in the three major categories of income, investments, and insurance were as follows:

INCOME: Since 1951, Dr. Barnes had practiced as a board-certified pathologist in a medium-size hospital. His income had now reached a plateau. In any one year, it was pretty sure to amount to around \$24,000 after taxes.

That seemed about right for his volume of practice. And his earnings appeared likely to remain at the same level indefinitely.

INVESTMENTS: By the time I reviewed his finances, the doctor had put away \$15,000—about nine-tenths of it in Government

THE AUTHOR heads Professional Management of Detroit. Except for some disguising of identifying details, the story he tells here is true in every respect.

WILL YOUR ESTATE PLAN WORK OUT?

bonds, the rest in mutual funds. He expected to continue investing in that proportion (an unwise plan, I thought, in view of our continuing inflation).

In addition to securities, he had a \$10,000 share in a piece of rental property. And his \$25,000 home was free and clear.

INSURANCE: "Frankly, I'm skeptical about insurance. I'd rather concentrate on building up my investments," Dr. Barnes told me. True to his lights, he had a total life insurance coverage of only \$22,500. "That's all I need," he insisted.

Inadequate Protection

I didn't agree. For a man with three children and a fourth on the way, he seemed perilously underinsured. And even the money he spent for insurance wasn't spent wisely.

He did have a \$20,000 ordinary life policy—a solid start for any program. But he'd also bought a \$2,500 retirement-income-at-65 contract. The premium on this could have been far better used to pay for an extra \$5,000 of ordinary life or \$10,000 of term insurance.

What's more, he had virtually

no disability coverage. His only protection here was provided by a disability rider on his life policy. The rider had three serious limitations: (1) It would pay only \$200 a month in case of disability; (2) it would take effect only after a full six months of illness; and (3) it was limited to specific cause.

"This is almost useless," I told the doctor. "Chances are you'd never collect a penny if you got sick." (My warning was a prophecy: He never got a cent under the rider during five months of severe illness.)

To sum it up, Dr. Barnes' financial planning was dangerously out of balance. But he had fixed views on certain things. So although I was able to point out the gaps, I couldn't prevail on him to close them all.

However, he did take the following steps:

Stocks Pay Better

1. He changed his investment program to funnel substantially more money into mutual funds and individual stocks rather than into bonds. The wisdom of this move became apparent later: The stocks appreciated about 50 per cent within three years.

2. He agreed to increase his life insurance coverage. As an absolute minimum, I advised an additional \$5,000 of cheap group term coverage, plus \$5,000 of ordinary life, plus a family income rider on his *existing* policy that would guarantee \$200 a month for twenty years after his death. He bought the term and ordinary life policies. But instead of the family income rider, he decided on an additional \$20,000 term policy.

This brought his coverage up to a total of \$52,500—about half as much as I felt he needed.

The doctor assured me he *would* bring it up to \$100,000 within the next two years. And I had to be content with this promise.

More Sickness Coverage

3. He yielded to my insistence on more—and better—disability protection by taking medical society group coverage paying \$400 a month after a month's illness. (This later provided more than \$2,000 during his last months.)

While we were talking matters over, back in 1954, the doctor told me of [More on 294]



© MEDICAL ECONOMICS
CARTOON: GEORGE WOLFE
CAPTION: E.L. BORISON, M.D.

"Those windmills in Holland aren't worth a damn on a calm day."

It pays to
[redacted]
trade words
[redacted]
with labor
[redacted]



[redacted]
By John H. Jansky

Ever wonder what physicians in private practice really say when they come face to face with the labor leaders who run union health plans? This reporter pricked up his ears and listened. Here's his account of the explosive exchanges

For a
belie
colle
B. D
of Dr
me v
healt
this v
Unity
lar re
opera
Ladie

Un
stand
heart
tain p
I we
reason
ing o
repre
terna
Work
some
them.
tel, in
equal

An
bers
medic
tees
A.M.
pract
filiati
When
he'd
"Beca

For a moment in the moonlight I believed I was walking across a college campus designed by Cecil B. De Mille. Only the quiet voice of Dr. Robert J. Beitel Jr. telling me what he thought of union health centers reminded me that this was no Hollywood set, but Unity House, a multimillion-dollar recreation center owned and operated by the International Ladies' Garment Workers Union.

Unity House's wooded acres stand high in the Poconos, in the heart of Pennsylvania's mountain playground. Dr. Beitel and I were both there for the same reason: to attend a two-day meeting of doctors and labor union representatives. As hosts, the International Ladies' Garment Workers had brought together some fifty physicians (most of them, like Ophthalmologist Beitel, in private practice) and an equal number of union officials.

Among the guests were members of the Pennsylvania state medical society's board of trustees and representatives of the A.M.A. But a number of private practitioners without formal affiliation had also been invited. When I asked one such man why he'd come, he said cheerfully: "Because I don't like unions."

So this was obviously no ordinary meeting of union health plan partisans. That's why I was there. The conference seemed to offer a good chance to find out whether doctors can still do business with labor unions or whether relations have deteriorated beyond repair. In other words, though the topic for discussion at the meeting was listed as "The Third Party and Organized Medicine," I preferred to interpret it as "Is Peace Between Medicine and Labor Possible?"

The fact that such a meeting was called—and that it was so well attended by private physicians—indicates both sides would like the answer to be yes. "In a way, the Ladies' Garment Workers have stolen our thunder," Dr. John W. Shirer, president of Pennsylvania's state medical society, told me. "We should have called a meeting like this years ago. If we had, we might have eliminated a lot of headaches."

And when I asked Dr. Leo Price, director of I.L.G.W.U.'s health center in New York City, what the real purpose of the meeting was, his answer seemed equally significant: "I think both sides are here to learn a little

IT PAYS TO TRADE WORDS WITH LABOR



MR. WILLIAM A. SAWYER



DR. W. BENSON NEASE



WILLIAM NEFF

"Labor wants more than [medicine] has been giving it," said this union adviser.

"Medicine must have the right to police its own members," insisted this physician.

Medicine has "gone too far in emphasizing financial returns," this labor leader suggested.

about each other. Mostly, it's the Pennsylvania doctors' show. We in labor want to make an honest effort to understand their point of view. And we want them to get to know ours."

In fact, the atmospheric keynote for the whole conference was set at the first afternoon's session by a person who belongs to neither side. In a speech to the assembled group, Mrs. Agnes W. Brewster, a health insurance specialist with the U. S. Department of Health, Education, and Welfare, said:

"You doctors must be sure that yours are not horse-and-buggy or even diesel-engine ideas, because you're now deal-

ing with jet-age health insurance. And to you who represent unions, I would recommend that you have a well-prepared landing place before you attempt to soar into space."

At a predinner cocktail party on the first evening, I met, among others, George Meany, president of the A.F.L.-C.I.O. "MEDICAL ECONOMICS?" he said to me, as I was presented to him. "I didn't know doctors *had* any economic problems."

He smiled as he spoke. A doctor standing nearby answered him before I could. "Well, they do," he said. "And they've also got labor problems." But he too was smiling.

"I didn't had a problem A.F.L."

So to sensed strained hosts v. sive. T mainta of their distruste they c with.

Yet ness a organiz ized la For ex manage adelph challen clichés



GEORGE BRYANT



DR. C. R. RUPPELSTEIN



DR. ARTHUR W. SUTTER

"I didn't know doctors had any economic problems," said the A.F.L.-C.I.O.'s chief.

"Organized medicine is split wide open on economic issues," said this clinic director.

"We've come a long way toward understanding," said this medical society head.

So the over-all feeling, as I sensed it, was one of politely restrained good fellowship. The hosts were cordial but not effusive. The doctors, for their part, maintained their dignity. Many of them made no secret of their distrust of labor; but they listened respectfully to arguments they didn't necessarily agree with.

Yet below the layer of politeness a few basic issues dividing organized medicine and organized labor were quietly joined. For example, William Ross, manager of the I.L.G.W.U. Philadelphia Dress Joint Board, challenged what he called "the clichés of medical ethics, such as

free choice of physician and third-party interference." He pointed out that physicians sometimes concede that their interests are chiefly economic in any conflict between union health plans and private medicine.

"We in labor sympathize with a man's concern over the economics of his trade or profession," he continued. "But we question whether organized medicine has not gone too far in emphasizing financial returns.

"And we question, too, whether physicians have actually suffered any loss of income in areas where this union has health centers. I think that if the A.M.A. did some research in cities where

IT PAYS TO TRADE WORDS WITH LABOR

union plans are established, physicians might find that instead of a loss of income there'd been a gain."

Then the union man offered some fatherly advice: "The medical profession and the labor movement have one thing in common. In the eyes of the public we are expected to be dedicated men—dedicated to the service of our fellow human beings. Now let me tell you this: We in the labor movement suffer at the present time because the public believes we're lacking in this kind of dedication. The same thing, believe me, may happen to organized medicine."

The doctors courteously applauded Mr. Ross, as a layman and host. But—and this seemed to me the most striking aspect of the meeting—they were far less courteous with one another. A bitter debate among the medical men was sparked by the remarks of Dr. Caldwell B. Esselstyn, director of the Rip Van Winkle Clinic, an independent medical group in Hudson, N.Y.

Dr. Esselstyn pulled no punches in assailing other doctors' insistence on free choice of physician and on fee-for-service payment. Asserting that some 35 per

cent of the medical profession accepts all or part of its remuneration by other means than fee-for-service, he added: "So-called organized medicine is split wide open on economic issues."

On the one hand, he contended, there's "the old guard—rigid, dictatorial, insensitive to the changes that are going on, oblivious to the growing interest and strength of the increasingly sophisticated consumer of medical services.

"On the other hand, there's an increasing number of physicians who are eager to experiment with better ways of providing medical care, and who are eager to work out more acceptable patterns with the cooperation of the consumer.

"Unfortunately, the forward-looking element is distinctly in the minority. And minorities have no voice in the A.M.A."

When he'd finished, Dr. George S. Klump of Williamsport, one of Pennsylvania's delegates to the A.M.A., jumped to his feet. "Any doctor—and he doesn't have to be a delegate or even a member—can get up and speak his piece in the A.M.A. reference committee meetings," he said. "The A.M.A. democrat-

ically represents state and county society members. Let me tell you something:

"My county society of 150 members once objected to some action of an A.M.A. council. We picked a representative and paid his way to Denver. And we succeeded in reversing the action of that council."

Dr. Esselstyn reached for a microphone. "But, if you belong to a minority of even 49 per cent of the medical profession, you

have no representation in the A.M.A.," he replied.

A voice called from the audience in reply: "Can 49 per cent of the voters in your district elect your Congressman?"

At this point, Chairman Adolph Held of the I.L.G.W.U. interrupted. "We're not here to debate the workings of the A.M.A.," he commented. "We have enough troubles of our own."

The doctors were clearly eager



© MEDICAL ECONOMICS

IT PAYS TO TRADE WORDS WITH LABOR

to air their differences, though. Soon afterward, Dr. Samuel B. Hadden, a Philadelphia psychiatrist, objected to what he saw as "production-line medicine" in health centers and group practice. Said he:

"Sick people need individual treatment by a physician of their choice. People can't be made well and kept well without personalized treatment. It's quite possible you can put a silver dollar in a machine and back your rear end up to the machine and get an injection. And in certain medical situations you'll get just as effective treatment as if I gave you a shot personally. Perhaps you can treat some *diseases* on a production line. But you can't treat sick *people* on a production line."

"Quite true," called out a doctor whose name I didn't catch. "But you can't blame group practice. There are individual doctors practicing on a mass basis with a string of cubicles in their offices, each for a different patient. There's the production line in solo practice."

When the time came for organized medicine to present its case formally, the job fell to Dr. W. Benson Harer of Upper Dar-

by, Pa. His major point: There should be "a formal signed contract binding on third parties and the medical profession." And such a contract must honor three all-important principles, said Dr. Harer:

1. There must be free choice of physician and hospital.

"We cannot agree with the statement of the medical director of one of the largest health and welfare funds that 'free choice has failed,'" said Dr. Harer. (He was referring to Dr. Warren F. Draper, chief medical officer of the United Mine Workers Welfare and Retirement Fund.) "We believe free choice hasn't yet had a fair trial by third parties. Furthermore, I charge flatly that labor leaders have been dishonest with some of their members by refusing to permit free choice."

In support of this statement, Dr. Harer quoted statistics from insurance companies that underwrite a number of union medical programs. These figures show, he said, that when prepaid services are restricted to certain doctors and hospitals, 35 per cent of the union members go voluntarily to the doctor or hospital of their choice and pay the

bills themselves. "Thus 35 per cent of the union members lose the fringe benefit to which they're entitled," said Dr. Harer

2. Medicine must have the right to police its own members.

The profession doesn't demand "completely unlimited, unrestricted free choice. To do so would be unrealistic," Dr. Harer explained. He conceded that there are some doctors of doubtful competence; "and it's this group that makes health and welfare funds unwilling to grant free choice." But he warned that the responsibility of judging physicians' qualifications must be medicine's, not labor's.

3. There must be fee-for-service payment.

Granting that payment on a retainer basis might cut costs, Dr. Harer commented: "Past experience has also shown that this method of payment has almost invariably led to exploitation of doctors. Fee-for-service is preferred because it pays the physician for the work he actually performs. And it more fully guarantees that patients will receive all necessary medical care, since it removes the temptation to give

hurried or cursory attention to minor complaints."

And what does labor want from medicine?

Dr. William A. Sawyer, medical consultant for the International Association of Machinists, put it as follows: "Labor wants more comprehensive medical care on a prepaid basis. Good as they are, Blue Shield and commercial health insurance programs have not met labor's needs. Such policies in the last analysis cover only about 25 per cent of the total medical bill. So labor is not fully satisfied."

Dr. Sawyer then quoted this statement from George Meany:

"A medical care program that begins to operate only when the patient is flat on his back . . . is a program of poor quality. Yet that is the only kind that medical societies and hospital associations have, of their own volition, offered to the public."

"Of course," adds Dr. Sawyer, "labor does want to have arrangements and understandings with doctors about the accessibility of medical service, the methods of paying for it, and the use of health education and preventive efforts. Labor wants more than the medical profes-

IT PAYS TO TRADE WORDS WITH LABOR

sion has been giving it in its system of solo private practice. In other words, it is asking for an increase in the availability and quality of medical care."

In this context, an ominous note was sounded by John F. Tomayko, director of the United Steelworkers' welfare and pension department. The Steelworkers have supported the Blue plans up to now. But they may soon pull their million members out of Blue Shield, Tomayko said. The reason:

"We're under constant pressure from our members to start our own medical care program. They're paying bills out of their own pockets and they don't like it. So we've been seriously considering new means of providing prepaid health care."

This might mean, he added, that the Steelworkers would build their own hospitals like the Mine Workers, or their own diagnostic centers like the Ladies' Garment Workers.

More Unity Ahead?

When the two days of talk at Unity House were over, had medicine and labor taken any real steps forward on the road toward peaceful coexistence?

"I think we've come a long way toward understanding the other fellow's point of view," commented President Shirer of Pennsylvania's medical society. "Now I think we should follow it up by further meetings."

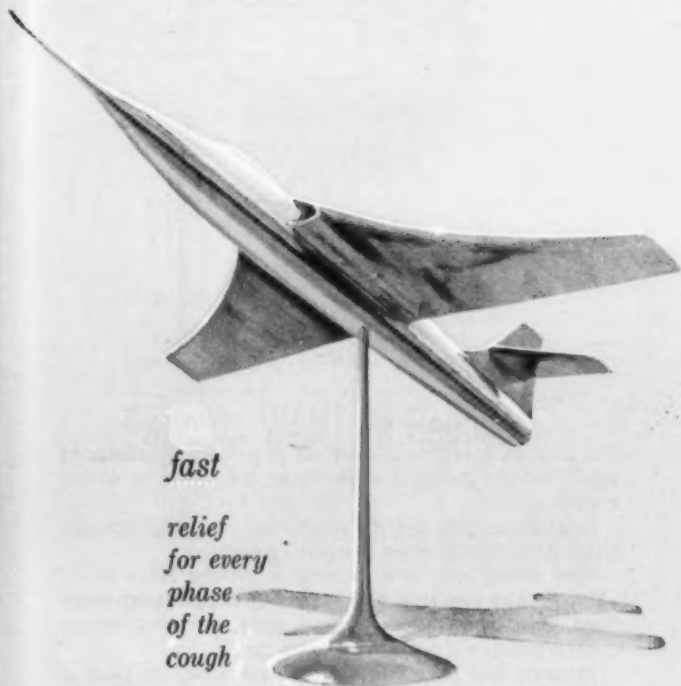
Added Dr. Edgar W. Meiser, a former chairman of the Pennsylvania society's medical economics committee: "I've always felt that if the higher echelons of both medicine and labor would learn to know each other better, they'd be taking the first constructive step toward an understanding."

"Well, has Unity House meant anything to you?" I asked him.

Dr. Meiser nodded. "I believe we've taken the first step these past two days," he replied.

Whatever the end results, medicine apparently made an impression of lasting value on at least one segment of labor. As I was leaving the meeting hall, one of the local officers of the International Ladies' Garment Workers said to me:

"You know what struck me? The way doctors feel free to criticize organized medicine. Not every union would let its members sound off against it at a meeting like this." END



*fast
relief
for every
phase
of the
cough*

calcidrine®



each tasty 30 cc. (1 fl.oz.) represents:

Dihydrocodeinone Bitartrate.	10 mg. (¼ gr.)
Nembutal® Sodium.	25 mg. (¾ gr.)
Ephedrine Hydrochloride.	25 mg. (¾ gr.)
Calcium Iodide, anhydrous.	910 mg. (14 grs.)

® Nembutal—Pentobarbital, Abbott

Abbott





*\$500 for the one
best original article
written by a physician and
found acceptable for publication
\$300—\$100 for other original articles
written by physicians and found acceptable*

"For distilling something valuable out of your practice-connected experiences and putting it in writing for the benefit of doctors everywhere. . ."

Eighteen physicians won that citation last year, along with cash prizes like those listed above. Now here's **your** chance.

Some evening soon, some week-end, or any time before Jan. 1, 1959: **Write up your ideas** on one carefully limited aspect of any broad subject in our field—fees, for example, or practice management, or professional relations with other doctors.

Document your ideas with examples, anecdotes, and cases in point drawn from your own experience. The more such documentation, the better your chance of winning.

Send your article to the Awards Editor, MEDICAL ECONOMICS, Oradell, N. J.—the sooner, the better. Send in more than one article if you wish.

Please note: Manuscripts should be typed, double-spaced, on one side of the paper only, and accompanied by a self-addressed envelope and return postage. Awards are intended for articles between 1,000 and 3,000 words long. (Shorter or longer articles, if found acceptable, will be paid for at regular rates.) The editors of this magazine will be the judges; their decisions will be final.

When
sulting
weight
groan
facts o
vise hi
ing hu
to get a
The



Words That Make Patients WANT to Reduce

If they need special treatment for obesity, they probably need special handling as human beings. Here's how experienced doctors at one weight-control clinic win their patients' cooperation

By John E. Eichenlaub, M.D.

Whenever the chair in my consulting room groans beneath the weight of a heavy patient, I groan inwardly. Considering the facts on obesity, I've got to advise him to reduce. But considering human nature, I'm unlikely to get anywhere.

The problem is almost always

the same: The patient may sincerely believe he wants to lose weight; but he's almost certain to resist the treatment he's ready to pay for. So he needs special handling as a human being if he's to get any real help from his doctor.

How can you recognize and



Tulsa physicians find 2 special advantages in prescribing Serpasil® for hypertension

Two characteristics of Serpasil influence physicians in Tulsa, Oklahoma, when they prescribe Serpasil for patients with hypertension:

1. The rather pronounced central effect of Serpasil calms patients whose hypertension is associated with frank anxiety or tension.
2. The heart-slowing action of Serpasil relieves the tachycardia that so often accompanies high blood pressure.

Evidence of these advantages of Serpasil is found in reports from 450 physicians in the U.S. (part of an objective international survey* conducted by CIBA).

Reports of 871 patients treated for hypertension with *anxiety-tension* show excellent or good overall response in 74 per cent. Reports of 261 patients with tachycardia show excellent or good response in 80 per cent.

When tachycardia or marked anxiety-tension are a part of the hypertensive picture, Serpasil can help your patient in more ways than one.

SERPASIL® (reserpine CIBA)

CIBA
SUMMIT, N. J.

*Complete information about the results of this survey will be sent on request.

27-60000

MAKE 'EM WANT TO REDUCE

demolish the mental roadblocks he's likely to put in your way? In my search for an answer to that question, I recently consulted a number of doctors at our local weight-control clinic. What they told me indicates that hidden resistance by patients generally fits into a few easy-to-recognize patterns.

Why easy to recognize? Because the patient's own words often give a clue to what's wrong. For instance:

He may feel so guilty about previous failures to lose weight that he's lost faith in himself.

One clinic man told me of the following incident:

Mrs. Hendricks weighed in at 215. She stared at the floor 'as she mumbled, "I keep trying to lose, but I guess I haven't any will power." The physician knew right off that no medical advice could reach her until he'd helped her past her discouragement.

"But overweight doesn't come from simple lack of will power," he explained. "I suspect that, like many people today, you're under a good deal of emotional strain. Tension often causes people to eat too much, you know."

The patient looked surprised. "I thought people *lost* weight under strain," she said. **More▶**



...THREATENED VITAMIN
DEFICIENCY
PREVENT IT WITH

MYADEC

High-potency vitamin-mineral supplement

Each MYADEC Capsule provides the benefits of:

Vitamins:	
Vitamin B ₁ (crystalline)	5 mg.
Vitamin B ₂ (riboflavin)	10 mg.
Vitamin B ₆ (pyridoxine hydrochloride)	2 mg.
Vitamin B ₁₂ (cyanocobalamin)	10 mcg.
Nicotinamide (niacinamide)	100 mg.
Vitamin C (ascorbic acid)	150 mg.
Vitamin A	(7.5 mg.) 25,000 units
Vitamin D	(25 mcg.) 1,000 units
Vitamin E (d-alpha-tocopheryl acetate concentrate)	5 I. U.

Minerals (as inorganic salts):

Iodine	0.15 mg.
Manganese	1.0 mg.
Cobalt	0.1 mg.
Potassium	5.0 mg.
Molybdenum	0.2 mg.
Iron	15.0 mg.
Copper	1.0 mg.
Zinc	1.5 mg.
Magnesium	6.0 mg.
Calcium	105.0 mg.
Phosphorus	80.0 mg.

(Bottles of 30, 100, 250, and 1,000)



PARKE, DAVIS & COMPANY
DETROIT 32, MICHIGAN

NOW...
also in Delightful
FLAVORED
FORM



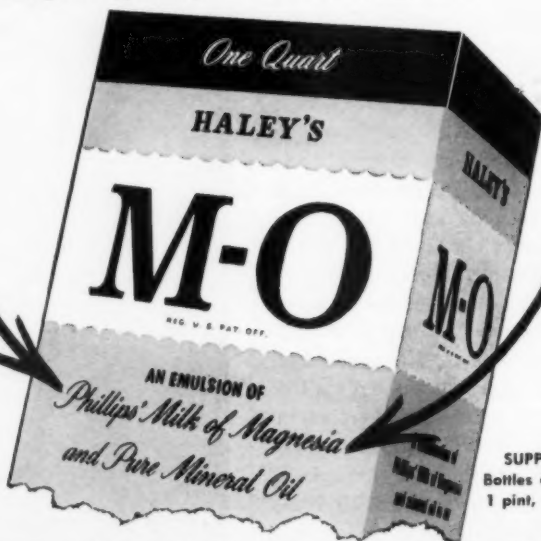
Smooth-Working Combination

TO HELP CORRECT CONSTIPATION

Antacid • Laxative • Lubricant

Magnesium Hydroxide plus pure mineral oil make Haley's M-O a smooth working antacid-laxative-lubricant that efficaciously relieves constipation and the attendant gastric hyperacidity.

The oil globules in Haley's M-O are minutely subdivided to assure uniform distribution and thorough mixture with intestinal contents. Oil leakage is avoided and a comfortable evacuation is effected through stimulation of normal intestinal rhythm and blunted defecation reflex.



SUPPLIED:
Bottles of 8 oz.
1 pint, 1 quart

THE CHAS. H. PHILLIPS CO. DIVISION of Sterling Drug Inc. 1450 Broadway, New York 18, N.Y.

110 MEDICAL ECONOMICS • NOVEMBER 10, 1958

MAK

"Ei
only
for re
why o
our te
many
there
you w
than o
Dun
treatm
er let M
she ha
a resul
ly coop

The
to try
the pro
cause h

A b
ish as
his sto
wife I'd
he said

The
afraid v
a perso
merely
—even

Do you

The
another
average

"Ave
leading
a look a
These

MAKE 'EM WANT TO REDUCE

"Eighty per cent gain, and only 20 per cent lose," the doctor replied. "That's one reason why overweight is so common in our tense society. It's something many of us have to fight. And there are plenty of people like you who have to fight it harder than others."

During the long course of treatment that followed, he never let Mrs. Hendricks forget that she had no cause for shame. As a result, she became increasingly cooperative.

The patient may have decided to try to reduce only because of the prodding of others, not because he himself wants to.

A businessman looked sheepish as he told one clinic doctor his story. "I've promised my wife I'd take off thirty pounds," he said. "She thinks I'm too fat."

The doctor smiled. "I'm afraid we've found we can't help a person much if he's reducing merely to please somebody else—even his wife. The question is: Do you want to reduce?"

The patient countered with another question: "What's the average weight for my height?"

"Average weights can be misleading," said the doctor. "Take a look at the figures on this chart. These aren't exactly average

corticosteroids
indicated?
this time,
start with...

PARACORT

PREDNISONE, PARKE-DAVIS

or

PARACORTOL

PREDNISOLONE, PARKE-DAVIS

THREE TO FIVE TIMES THE ACTIVITY
OF CORTISONE OR HYDROCORTISONE.

supplied: PARACORT and PARACORTOL
are available as 5-mg. and 2.5-mg.
scored tablets; bottles of 30, 100, and 1,000.



PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

*TRADEMARK

50988

PREVENT both cause and fear of ANGINA ATTACKS

proven
safety
for
long-term
use



Miltrate*

NEW DOVETAILED THERAPY COMBINES IN ONE TABLET

prolonged relief from
anxiety and tension with

MILTOWN®

The original meprobamate,
discovered and introduced
by Wallace Laboratories

sustained coronary
vasodilation with

PETN

pentaerythritol tetranitrate
a leading,
long-acting nitrate

"In diagnosis and treatment [of cardiovascular diseases]... the physician must deal with both the emotional and physical components of the problem simultaneously."¹

The addition of Miltown to PETN, as in Miltrate, "...appears to be more effective than [PETN] alone in the control of coronary insufficiency and angina pectoris."²

Miltrate is recommended for prevention of angina attacks, not for relief of acute attacks.

Supplied: Bottles of 50 tablets.

Each tablet contains: 200 mg. Miltown + 10 mg. pentaerythritol tetranitrate.

Usual dosage: 1 or 2 tablets q.i.d. before meals and at bedtime.

Dosage should be individualized.

For clinical supply and literature, write Dept. 3K

1. Friedlander, H. S.: The role of ataraxin in cardiology. *Am. J. Card.* 1:395, March 1958.

2. Shapiro, S.: Observations on the use of meprobamate in cardiovascular disorders. *Angiology* 8:504, Dec. 1957.



WALLACE LABORATORIES, New Brunswick, N. J.

ENC-1246

MAKE 'EM WANT TO REDUCE

weights. They're the weights at which insurance companies find their policyholders live the longest. Your chances for a longer life would be improved if you shed about thirty pounds."

Now the man looked interested. With a reason of his own for seeking treatment, he became psychologically ready for it.

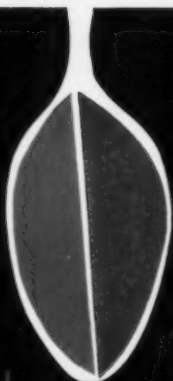
The patient knows what his ideal weight should be, but he considers it just a visionary goal that he can't possibly reach. "So what's the use of trying?" he wonders.

Several of the clinic doctors cited this as a typical situation. "I can generally spot such an at-

*Fight
Mental Illness*



**National Association
for Mental Health**



**dual
antihistaminic
action**

**...an important reason
for prescribing**

**AMBENYL
EXPECTORANT**

**for relief of coughs
due to colds
or allergies**

- decongests nasal mucosa
- quiets cough reflex
- decreases bronchial spasm
- soothes irritation
- pleases the taste

per fluidounce:

Ambodryl® hydrochloride (bromodiphenhydramine hydrochloride, Parke-Davis)	24 mg.
Benadryl® hydrochloride (diphenhydramine hydrochloride, Parke-Davis)	56 mg.
Dihydrocodeinone bitartrate	3½ gr.
Ammonium chloride	.8 gr.
Potassium guaiacolsulfonate	.8 gr.
Menthol	.95
Alcohol	.5%

**PARKE, DAVIS & COMPANY
DETROIT 32, MICHIGAN**



DAVIS

		
<i>Shredded Cabbage</i>	<i>Cottage Cheese</i>	<i>Watercress</i>
		
<i>Oysters</i>	<i>Beef Liver</i>	<i>Oatmeal</i>
		
<i>Custard</i>	<i>Orange Juice</i>	

Foods to give your patient good nutrition naturally—and tastefully, too!

The High-Vitamin, High-Mineral Diet

Shredded new cabbage and carrot slaw goes nicely with any meal, combining vitamins A, C, and calcium. Dried apricots and figs stuffed with cottage cheese and peanuts on watercress provide calcium, iron, vitamins A, B₂, niacin and C. Oysters are rich in iron, calcium and carry vitamins A and D, too.

Beef liver ranks high in iron, vita-

mins A and B-complex. Oatmeal, rich in iron, gets a calcium, vitamin B₆ bonus served with molasses and milk. Custard has calcium and vitamins A, B₁, B₂. A topping of orange juice concentrate adds vitamin C.

And with a glass of beer*—at your discretion—your patient will find his diet interesting and ample without straying from your instructions.

—and with your consent, a glass of beer to make them even better

United States Brewers Foundation
Beer—America's Beverage of Moderation



If you'd like reprints of this and 11 other dietary suggestions, please write United States Brewers Foundation, 535 Fifth Ave., New York 17, N.Y.

MAKE 'EM WANT TO REDUCE

itude right away," said one man. "The patient himself is likely to mention his 'ideal' weight. Then he shrugs and smiles wryly. So I tactfully steer him away from any thought of the 'ideal.' I say something like this:

" 'With your height and frame, it's true that the chart puts your best weight at between 134 and 143. But let's forget the chart—for now, anyway. Instead, let's set a goal that makes sense to you. I'll work with you to get to the weight you select. What figure should I write down?' "

The patient usually names a figure that does seem within his reach. Thus he pledges his willingness to take a first step in the right direction.

The patient simply isn't prepared for the lonely battle that dieting can be.

I myself have found that my overweight patients have a truly wistful need for continuing support and encouragement. That's why I often tell them: "If you find yourself under any big emotional strain, weigh yourself every day. If you start to gain, telephone me right away. I'll be ready to help you, so you won't have to do it all by yourself."

At the local weight-control clinic, they've found that such

COMFORT FOR COUGHERS

BENYLIN[®] EXPECTORANT

RELIEVES COUGH AND CONGESTION
due to colds or allergies

BENYLIN EXPECTORANT contains in each fluidounce:

Benadryl [®] hydrochloride (diphenhydramine hydrochloride, Parke-Davis)	80 mg.
Ammonium chloride	12 gr.
Sodium citrate	5 gr.
Chloroform	2 gr.
Menthol	1/10 gr.
Alcohol	5%

supplied: BENYLIN EXPECTORANT is available in 16-ounce and 1-gallon bottles.

PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

26558





soothes
sore throats
helps
control
oropharyngeal
infections



"a bacteriostatic bath"¹ for the oropharyngeal mucosa

Orabiotic Chewing Troches provide a unique and valuable means of symptomatic relief and specific treatment in superficial bacterial infections of the mouth and throat.

Chewing ORABIOTIC spreads antibiotic-laden saliva over the entire oropharyngeal area and into the deeper mucosal recesses. Beneficial exercise of local muscles is provided by intermittent chewing and swallowing.

The outstanding anti-infective efficacy of ORABIOTIC has been demonstrated in 283 "post T&A" patients. The incidence of secondary hemorrhage—a sequel of local infection—was less than 1%.¹⁻³

ORABIOTIC contains neomycin and gramicidin for wide-spectrum bactericidal and bacteriostatic action against those gram-positive and gram-negative bacteria responsible for the majority of superficial oropharyngeal infections. Propesin, an effective topical analgesic agent, superior to benzocaine, does not interfere with taste sensation.

ORABIOTIC is virtually nonirritating and nonsensitizing. These delicious cherry-flavored chewing gum troches are enjoyed by patients of all ages.

Each delicious chewing gum troche contains:

Neomycin (from sulfate)	3.5 mg.
Gramicidin	0.25 mg.
Propesin (propyl p-aminobenzoate)	2.0 mg.

DOSAGE: One troche q.i.d. chewed for 10-15 minutes.
AVAILABILITY: Packages of 10 and 20.

1. Granberry, C., and Beatrous, W.P.: E.E.N.T. Mo. 36:294 (May) 1957
2. Rittenhouse, E.A.: E.E.N.T. Mo. 36:406 (July) 1957.
3. Fox, S.L.: Clin. Med. 4:699 (June) 1957.



WHITE LABORATORIES, INC., Kenilworth, New Jersey

Analgesic/Antibiotic CHEWING GUM TROCHES

ORABIOTIC®

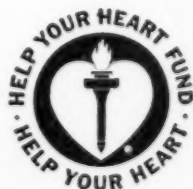
MAKE 'EM WANT TO REDUCE

assurance of continuing support from the doctor is an absolute must for many obese persons. As one patient has put it: "Just knowing I have an appointment to see the doctor again makes it easier to stick to the program."

To sum up what my colleagues have told me about how they handle their overweight patients: Before talking to the patient about what he should eat, the doctors try to discover what's eating him.

If he's guilt-ridden, they find ways to lighten the load. If he seems likely to resist treatment because he isn't convinced he needs it, or because he's afraid he can't stick it out, they help him understand why he can and should lose weight. Instead of demanding the impossible of him, they set preliminary goals that are actually within his reach. Above all, they give him their full personal support for the pound-shedding struggle that lies ahead.

END



she
needs
support, too...

during her pregnancy
and throughout
lactation



NATABEC®
KAPSEALS®

vitamin-mineral combination

each NATABEC Kapsel contains:

- Calcium carbonate 600 mg.
- Ferrous sulfate 150 mg.
- Vitamin D 400 units (10 mcg.)
- Vitamin B₁ (thiamine)
mononitrate 3 mg.
- Vitamin B₂ (riboflavin) 2 mg.
- Vitamin B₁₂ (crystalline) 2 mcg.
- Folic acid 1 mg.
- Synkamin® (vitamin K)
(as the hydrochloride) 0.5 mg.
- Rutin 10 mg.
- Nicotinamide 10 mg.
- Vitamin B₆ (pyridoxine
hydrochloride) 3 mg.
- Vitamin C (ascorbic acid) 50 mg.
- Vitamin A 4,000 units (1.2 mg.)
- Intrinsic factor concentrate 5 mg.

dosage: As a dietary supplement during pregnancy and throughout lactation, one or more Kapseals daily. Available in bottles of 100 and 1,000.



PARKE, DAVIS & COMPANY
DETROIT 32, MICHIGAN

35455

EFFECTIVELY

TREATS THYROID



SEARLE

Dramamine-DTM

brand of dimenhydrinate with dextro-amphetamine sulfate

THAUSEA AND KEEPS THE PATIENT ALERT



When prescribing an antinauseant and drowsiness is undesirable, Dramamine-D alleviates¹⁻⁶ the nausea yet keeps the patient alert.

Dramamine-D is available on prescription only.

Each scored, orange tablet of Dramamine-D contains 50 mg. of Dramamine and 5 mg. of dextro-amphetamine sulfate.

References

1. Arner, O., and Others: *Nord. med.* 58:1346 (Sept. 12) 1957.
2. Wilner, S.: *Canad. M. A. J.* 77:199 (Aug. 1) 1957.
3. Bruner, J. M. R.: *U. S. Armed Forces M. J.* 6:489 (April) 1955.
4. Diamant, A. H.: *Nord. med.* 48:1324 (Sept. 26) 1952.
5. Wendt, G. R., and Cameron, J. S.: Personal communication, Jan. 4, 1955.
6. Stough, A. R.: Personal communication, Aug. 10, 1957.



Is Your Practice Running You Ragged?

You've built up a successful practice. It's growing fast—almost too fast, maybe. You've got a happy home life, and you stand high in the community.

Yet you're dissatisfied. Your practice doesn't present the challenge you wish it would. The faster you run, the more you seem to be staying in the same place. In other words, you're working like a ditch digger—and what you're digging is a rut.

So what do you do?

If you're like some doctors, you look for a more limited field of practice. On the hope that it'll

be more rewarding, you tear down everything you've built up so far. You leave your trusting patients in the lurch. You quit the place that wants and needs your services. And you go back to school.

Well, I think you're wrong if you do anything of the sort without first making a big effort to improve the practice you've got. I was faced with this very problem some years ago. To show how it can be solved—how you can pull yourself out of a rut without flying away—let me tell you what I did:

Th
he
go
ste
ice
ho

A
I re
run
have
But
need
the
dow
cies.
beco
mor
for m
H
chan
my

THIS A
Coast

This doctor's was—to the point where he seriously considered giving it up and going into residency. Instead, he took stock of the practice and gave it a radical overhauling. Here's what he did and how it paid off

By G. Richard Sanderson, M.D.

After five years as a solo G.P., I realized that my practice was running me ragged and that I'd have to do something about it. But I knew there was a great need for general physicians in the community. So I turned down two fine specialty residencies. I decided, instead, to try to become a better, less harassed, more useful general practitioner for my patients.

How was I to make the change? By a radical revision of my office facilities, by planned

post-graduate education, and by an increase in office personnel to take some of the load from my shoulders. In other words, by a complete reorganization of my practice.

The most important of my goals was the easiest to reach: I stepped up my program of post-graduate work in the various phases of general practice that particularly interested me. I took courses in cardiology, in electrocardiography, and in minor gynecology. And I took time out for

THIS ARTICLE has won one of the 1958 MEDICAL ECONOMICS Awards for its author, an East Coast G.P. who writes here under a pen name.



**Announcing a long-acting
anti-obesity drug form whose
release rate is totally independent
of digestive activity**



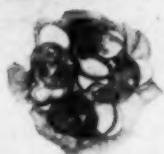
New
Desoxyn®
Hydrochloride

(METHAMPHETAMINE HYDROCHLORIDE IN LONG-RELEASE DOSE FORM, ABBOTT)

**gives
consistent all-day appetite
control from patient to patient
from a single dose**



NEW
dosag
ONLY
It do
motili
—nor
DES
petite
Gradu
the en
action
DO
hour l
SUR
15 mg



NEW Gradumet DESOXYN is an anti-obesity drug in a unique automatic dosage form, because the smooth, constant release of the Gradumet depends **ONLY ON EXPOSURE TO THE LIQUIDS OF THE DIGESTIVE TRACT.** It does not depend on the acidity or alkalinity of those fluids, nor on G. I. motility, enzyme activity, chemical reactions that can vary from patient to patient—nor on any other variable.

DESOXYN, long a drug of choice in management of obesity, depresses the appetite while brightening the mood of the dieting patient. And with the new Gradumet dosage form, there is continuous all-day effect from a single dose—the entire medication is released at a uniform rate, with no 'drop-offs' in drug action.

DOSAGE is usually one Gradumet DESOXYN, 10 or 15 mg., one-half to one hour before breakfast.

SUPPLIED in three strengths—Gradumet DESOXYN Hydrochloride 5, 10 or 15 mg.—all in bottles of 50 and 500. **Abbott**

THE GRADUMET is a tiny pellet with thousands of inner passages filled with active drug. On contact with G.I. fluids, the drug begins to flow out of the passages at a steady, constant rate. The 'empty' pellet, completely inert and non-toxic, is excreted unchanged when all the drug has been released.



PRACTICE RUNNING YOU RAGGED?

more education in simple fractures and in medicine.

All of this cost me money and effort. But I felt I was investing in *me*—the best sort of investment for a physician. (And now, some twelve years later, I'm still carrying on this investment program, thoroughly sold on its value.)

My next big step was more daring. I had an \$80,000 combination home-office building; but I decided that, no matter what the extra cost, I must separate my living quarters from my working quarters. I'm convinced

it's almost impossible to lead a normal life when you live with your practice. Just moving away from it cuts your nuisance calls by more than 50 per cent.

Fewer Night Calls

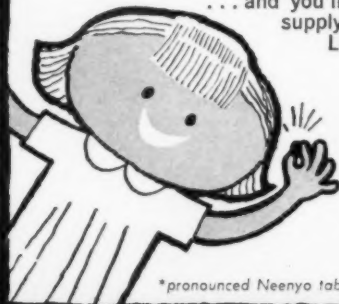
I moved my family to another house and retained the older building as my professional workshop. Almost immediately, my quota of trivial night calls went way down.

Now, too, I had plenty of space for expanding my office facilities. Space properly utilized produces mobility; mobility

LOVE at first bite! *with* **NINOTABS***

CHERRY FLAVORED NUTRITIVE SUPPLEMENT

Children love NINOTABS because of their delicious cherry flavor . . . Mothers like them because they're so easy to give . . . and you'll like them because NINOTABS supply all the essential vitamins plus L-Lysine for optimal growth and to prod reluctant appetites.



Tablets are easy to swallow or, they can be chewed, allowed to melt in the mouth, or dissolved in liquids. Most important, the ten significant nutritional factors provided in NINOTABS are better absorbed and utilized because of the improved process by which they are made. There is no unpleasant aftertaste.

NION Corporation
LOS ANGELES, CALIFORNIA

*pronounced Neenyo tabs

1. Holm
in Trau
1261-12

2. Levin
F. H. L.
R. E., 4
flavin,
tion to
infecti
840-85

3. And
and Pi
Patient
April

4. Ho
and
and
vitam
9:47

TRAVI

NEW VI-CERT C 1000



SOLUBLE B VITAMINS with C and B₁₂

in a single dose

INCERT® vial for I.V. solutions

References

1. Holmes, H. H.: The Use of Vitamin C in Traumatic Shock, Ohio State M.J. 42: 1261-1264, December 1946.
2. Levenson, S. M., Green, R. W., Taylor, F. H. L., Robinson, P., Page, R. C., Johnson, R. E., and Lund, C. C.: Ascorbic Acid, Riboflavin, Thiamine and Nicotinic Acid in Relation to Severe Injury, Hemorrhage and Infection in the Human, Ann. Surg. 124: 840-856, November 1946.
3. Andrus, W. D., and Barnes, W. A.: Pre and Post-Operative Care of the "Poor Risk" Patient, Surg. Clin. N. Am. 25:350-360, April 1945.
4. Ross, G. I. M., Mellin, D. L., Cox, E. V., and Ungley, C. C.: Hematologic responses and concentration of vitamin B₁₂ in serum and urine following oral administration of vitamin B₁₂ without intrinsic factor, Blood 9:473-488, May 1954.

This newest addition to the INCERT® family of "closed system" additives makes available essential components of the B complex, plus vitamin C and B₁₂ for routine parenteral administration.

No needles, ampules or syringes to fuss with. Simply reconstitute the lyophilized mixture in the INCERT vial by pumping fluid from the solution bottle . . . pump the mixture back into solution bottle . . . and it's ready for administration.

Clinical reports^{1,2,3} suggest that large doses of vitamin C are beneficial in decreasing the incidence of post-traumatic and postoperative shock, in improving wound healing and in hastening the healing of extensive burns.

Vitamin B₁₂ has been suggested as an adjunct to therapy in the elderly patient undergoing operation or any other severe stress⁴ and for use in the prevention of depressed hemopoiesis and disturbed enzyme activity which may occur during severe illness, following burns, after radiation therapy, or in certain pathologic states.

Complete information on the Incert System available upon request.

TRAVENOL LABORATORIES, INC.

morton grove, illinois

pharmaceutical products division of

BAXTER LABORATORIES, INC.

MEDICAL ECONOMICS • NOVEMBER 10, 1958 125

PRACTICE RUNNING YOU RAGGED?

properly organized produces efficiency; and efficiency produces better medical practice. Better medical practice was what I needed in order to dig out of my rut. So now I began to make some big changes.

I remodeled the secretary's station and the waiting room, partitioned off the large examining room, and improved the X-ray department and dark-room. On the second floor—our former home—I partitioned the living room into B.M.R. and ECG rooms. I turned a bedroom into an extra office where my secretary could work undisturbed on her business tasks. And I opened up plenty of storage space. (I find that supplies bought in big quantities save me over \$500 a year.)

A Lab Helps, Too

One other major change: A side porch, which had previously served as the downstairs entrance to our living quarters, was transformed into a laboratory. I equipped it with the best of everything, including a new microscope and a new colorimeter. So now I was ready to hire a lab technician.

I found an excellently quali-

fied man for the job. Since then, all my lab work has been done right in the office. It's a convenience for my patients—and a professional delight for me.

Finally, I made a *really* shocking change: I switched from afternoon and evening office hours to an appointment system that gave me my evenings free. Some of my colleagues warned me that I was committing professional suicide. Afternoon appointments only, and no night hours? Patients would never stand for it!

I myself anticipated a drop of 20 per cent or more in my patient load. But I couldn't have been more wrong.

Word soon got around that I'd drastically revised my practice so as to give me more time with my patients. People in general seemed pleased that they no longer had to wait hours to see me, and that my office was quieter and more comfortable. As for me—well, extra space and added equipment and personnel now allowed me to stay in my office for most of the work I'd usually done at hospitals. I was no longer pooped and edgy. And patients obviously liked the new me.

My practice boomed. My pa-

THE STRIDE RITE STRAIGHT LAST SHOE...

*the shoe
that
understands
children*

for use in cases where normal lasts are not sufficient . . . sturdily constructed to provide a sound base for any further measures you may wish to add.



THE STRIDE RITE SHOE WITH EXTRA SUPPORT...

Available in these three basic groups . . . to serve the specific recommendations of the medical profession.

featuring long inside right and left counters, shaped anatomic heels with $\frac{1}{8}$ " wedges on inner borders and heavy steel shanks where needed. Here again, further measures may be added.



AND OF COURSE, THE REGULAR STRIDE RITE LINE...

THE
STRIDE RITE
SHOE

Green Shoe Mfg. Co.,
Boston, Mass.

famous for fit, quality and the outstanding skill with which it is made.



PRACTICE RUNNING YOU RAGGED?

tient load increased. Best of all, I was practicing much better medicine in a more relaxed atmosphere.

The amount of routine work taken off my shoulders by my secretary, my nurse, and my technician (all full-time) was unbelievable. I gave them responsibilities within their scope; and I trained them in others. So I no longer had to rush in and take an X-ray and develop it, or run a basal or an ECG. What's more,

my newly hired technician made it possible for me to set a policy of routine urinalysis and blood count on every new patient that came in.

Each of my aides freed me from one kind of burdensome routine that had been devouring too much of my time. My nurse did the dressings under my supervision. She prepared patients, weighed and measured infants, etc. And my topnotch secretary relieved me of practically all the



"I can't look it up in the medical dictionary. I don't know how to spell it!"

"THE MOST EFFECTIVE
DRUG EVER USED!"*

before the
"morning spin"
sets in

BONAMINE

brand of meclizine hydrochloride

to prevent vertigo, nausea, vomiting
as in pregnancy

BONAMINE gives more complete and longer-acting protection—often for 24 hours, with a rare incidence of untoward effects.² In contrast to other agents, "percentage of patients obtaining an excellent response... is greater... Also, there are fewer therapeutic failures"—"at least 90 per cent of the patients improve under this medication"²

Also indicated for vertigo, nausea, vomiting in: cerebral arteriosclerosis • other geriatric conditions • pediatric infections • postoperative patients • opiate or other drug therapy • radiation therapy, Menière's syndrome, fenestration procedures, labyrinthitis • motion sickness.

BONAMINE Tablets, scored, tasteless, 25 mg. Boxes of 8, bottles of 100 and 500.

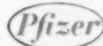
BONAMINE Chewing Tablets, pleasantly mint flavored, 25 mg. Packages of 8.

1. McKenna, C. J.: Am. Pract. & Digest Treat. 6:417, 1955. 2. Moyer, J. H.: M. Clin. North America, March, 1957, p. 405.

*Trademark



PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, N. Y.



PRACTICE RUNNING YOU RAGGED?

paper work that had been getting me down.

It took less than a year for my practice to mushroom—and for my interest in what I was doing to soar. That's about a quarter of the time it would have required me to get through a residency. And I accomplished the good change with no loss of income.

Only one aspect of my practice still troubled me: Since I was still doing up to 100 deliveries a year, obstetrics was cutting into my nights and making me too tired to practice the best possible medicine every day. Yet I hesitated to do anything about this problem. After all, obstetrics was bringing me in about \$12,000 annually.

Still, something had to give. I enjoyed obstetrics and the care of the entire family unit. But until I could find the right doctor-associate, it seemed advisable to give up this phase of practice. So I made arrangements with four near-by colleagues—two G.P.s and two OB men—to care for and deliver my obstetrical patients.

I now give the patients their choice. I check the newborn, see the mother in the hospital,

and do the six-week check-up. The mother and infant remain my patients, in other words, if the family wants it that way. But I don't do deliveries. So the patient who chooses to may change over to the doctor who delivers her. In such an event, I gladly arrange to transfer my records to him. (Actually, this seldom happens.)

They Wanted A.M. Visits

Once I was getting more regular sleep, I decided I felt so rested that I could now schedule morning hours two days a week. Patients had been asking for morning appointments; and I assumed that the new arrangement would help thin out the afternoon crowd. I began seeing people on Tuesdays and Fridays from 9 to 12 as well as from 1 to 6. Thus I was working in the office some nine hours two days a week.

I found the extra morning hours no hardship at all. And in one year they more than compensated me for my loss of obstetrical fees, since the anticipated thinning-out of the afternoon patient load simply didn't occur.

Significantly, I discovered



in the season of
acute infections, extra
CITRUS
provides the increased
VITAMIN C
and fluid needed during
FEVER
to prevent deficiency and
help maintain resistance*

*Tisdall and Jolliffe note the systemic relation in animals between vitamin C and resistance to infection, with increased needs evident in upper respiratory streptococcal infections.

— In: Clinical Nutrition ed. by Norman Jolliffe et al. New York, Paul B. Hoeber, Inc., 1950, pp. 590-91, 637-38.


Florida *Citrus*

ORANGES • GRAPEFRUIT • TANGERINES

FLORIDA CITRUS COMMISSION • LAKELAND, FLORIDA

SUPERIOR --- TO ASPIRIN

Reference: (1) Brownlee, George: A Comparison of the Antipyretic Activity and Toxicity of Phenacetin and Aspirin, Quarterly J. of Pharmacy and Pharmacology 10:609-620, 1937.



In alleviating the symptoms of the common cold...fever, headache, malaise, muscular pains...why not weigh the advantages of Anacin over aspirin? Anacin Tablets exert a *better total effect* in analgesia than aspirin or buffered aspirin, in that they also relieve tension and depression—leave the patient more relaxed. Moreover, clinical investigation has substantiated that one of the ingredients in Anacin (acetophenetidin) is superior to aspirin in reducing fever...aspirin having only 60% of the antipyretic action of acetophenetidin.¹ Well tolerated. Frequent doses of Anacin may be administered without gastric upset.

ANACIN®

WHITEHALL LABORATORIES, NEW YORK 16, N. Y.

MEDICAL ECONOMICS • NOVEMBER 10, 1958 133

PRACTICE RUNNING YOU RAGGED?

that a growing part of my practice consisted of patients requiring psychosomatic care. These days, such patients do comprise a good portion of the G.P.'s practice. But to give them the care they need, he himself must be relaxed. The busy, hurried, and tense physician may soon lose these patients. Many of them have told me that their previous doctors were more nervous than they!

How He Stands Today

It was twelve years ago that I took stock of my practice and began to give it the overhauling it needed. Today I'm not quite 50 years old. I feel more physically fit and more mentally alert and relaxed than I did after my fifth year of practice. No ulcers, no coronary, no hypertension—I'm just downright healthy.

I have a normal life at home, and I eat my meals on time. I get plenty of relaxation. Whenever I want, I go to various medical centers for post-graduate courses, or take vacations, or do some writing. But my greatest reward is the knowledge that I've been practicing better medicine as a *satisfied* general practitioner.

General practice is "drudgery"? Not to thousands of men like myself who have determined not to succumb to the disease of "runitis."

Whatever your field of practice, it *can* run you ragged if you let it. But if you take inventory once in a while, and if you reorganize when you feel you should, you'll prolong your life and happiness. What's more, you'll be a better doctor in every way.

END

One Man's Meat

Said a surgeon who got in a rut
Where his only recourse was to cut,
"I think it's a pity
The tissue committee
Gets so galled by a sound piece of gut."

—COLBY CLEVELAND

does the specific job superbly well



new

POLARAMINE[®] dextro-chlorpheniramine maleate **REPETABS[®]**



daylong or nightlong relief

ASSURE UNEXCELLED ANTIHISTAMINIC PROTECTION

one REPETAB in the morning • one REPETAB in the evening

POLARAMINE REPETABS, 6 mg., bottles of 100 and 1000.

Tablets, 2 mg., bottles of 100 and 1000.

SCHERING CORPORATION • BLOOMFIELD, NEW JERSEY

Schering

What I Learned From a Tax Audit

It wasn't much of an ordeal, says this dazed doctor: It merely took 120 hours of his time and \$2,000 of his cash! But it jolted him out of some bad habits

By Bob Miller, D.O.

My office phone rang early on the morning of April 1. "This is Harry Johnson, Internal Revenue Service," the voice said. "Your tax returns for 1955, 1956, and 1957 have been selected for audit. When would you like me to drop in to see you?"

I enjoy jokes. So I answered brightly, "April Fools' Day to you too. Coming down with a cold, Charlie? Your voice sounds hoarse."

The telephone wires frosted over. "The name is Harry Johnson," the voice said evenly. "Of the Internal Revenue Service."

In a few well-chosen sentences, the stranger convinced me of his identity. A week later,

he turned up in person—the real thing, not an April Fools' Day joke. Soon he was seated at the best desk in the office, a pile of my ledgers in front of him. He looked as if he owned the place—and I had a sneaking suspicion he *would* own it before he was through.

To understand why I was a bit uncomfortable about my uninvited guest, you have to know something about my business methods. Until early this year, they'd been—well, unorthodox.

For years, I've tried to combine a busy practice with running a home and a small farm. My office is in a separate building located in one corner of my



twenty proper building to keep shebar on my office. Because guess.

I did fill out never He sin I gave

In the inform busy d time t record remem



twenty-five acres of land. On the property I also have some farm buildings and my residence. And to keep my records for the whole shebang, I've relied pretty much on myself and a poorly trained office aide. (Why poorly trained? Because I trained her myself, I guess.)

I did employ an accountant to fill out my tax returns. But he never checked over the books. He simply used the information I gave him.

In the office, our methods were informal, to say the least. On busy days, my aide often hadn't time to bother with patient record cards. Sometimes she'd remember to record payments,

but she'd forget the date; sometimes she didn't get around to marking down the payment at all. If someone paid me while she wasn't around, I'd record it myself. Quite frequently, she'd later record the same payment a second time. And so on.

To set the stage even more charmingly for a tax audit, I kept only one checking account. Through it went all my business and personal checks—often one check for both types of expenditure. For example, my phone, gas, and electricity were billed separately to home and office, but I always paid them together with a single check.

And I had a few other inno-

WHAT I LEARNED FROM A TAX AUDIT

cent habits that were bound to intrigue a T-man. For one thing, since I have a talent for running out of money at the end of the year, I used to write a few thousand dollars' worth of checks and then not send them out right away. I'd drop them in the mail one by one as I collected enough money to cover them. So the date on a given check didn't necessarily indicate the day—or the year—when payment was actually made.

Then, too, there's my penchant for deficit financing. In my humble way, I've always

followed the example of the U.S. Government. My home, my farm, my car, and my professional equipment were all bought with loans. So I've written checks for much more than I've earned in recent years.

Cause for Concern

Of course, I knew I wasn't guilty of larceny or fraud. But when Harry Johnson of the I.R.S. moved in on me, I couldn't help sweating. What would he think of my raffish financial ways? (He didn't think much of 'em, let me tell you.) *More▶*

Have You Changed Your Address?

To insure uninterrupted delivery of your copies of
MEDICAL ECONOMICS, please fill out and return the coupon below:

Medical Economics, Inc., Circulation Dept., Rutherford, N. J.

Name _____ M.D.
(please print)

Former address:

Street _____

City _____ Zone _____ State _____

New address:

Street _____

City _____ Zone _____ State _____

111058

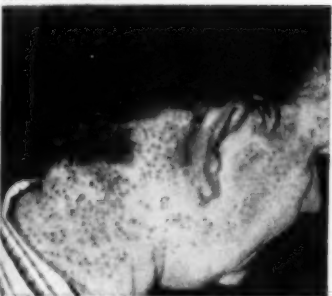
PRURITUS ANI—Before



2 Weeks After Vioform-Hydrocortisone



VENENATA—Before



2 Weeks After Vioform-Hydrocortisone



these skin conditions...and many more respond to

Vioform-Hydrocortisone

anti-inflammatory / antipruritic / antibacterial / antifungal

SUPPLIED: Each form of issue contains 3% Vioform and 1% hydrocortisone. **CREAM** (water-washable base) and **OINTMENT** (petrolatum base); tubes of 5 and 20 Gm. **LOTION** (water-washable base); plastic squeeze bottles of 15 ml.

VIOFORM® (iodochlorhydroxyquin CIBA)

C I B A SUMMIT, N. J.

2/2591MK

NOW AVAILABLE:

**Vioform-
Hydrocortisone
Ointment**

for dry lesions accompanied by
thickening and scaling of skin



AGHERO





OMYGIN[®] V

Tetracycline with Citric Acid *LEDERLE*



LEDERLE LABORATORIES
a Division of
AMERICAN CYANAMID COMPANY
Pearl River, New York

Sustained tranquilizing action

no
high
jumps



no
low
falls



sustained release

Meprospan*

meprobamate (Miltown*) capsules



q. 12 h.

effectively relieve nervous tension and anxiety without interruption, **day and night**. Two capsules on arising last all day, two capsules at bedtime last all night. *Exceptionally well tolerated... extremely convenient.*

Dosage: 2 Meprospan capsules q. 12 h.

Supplied: 200 mg. capsules, bottles of 30.

Literature and samples on request

® WALLACE LABORATORIES, New Brunswick, N. J.
who discovered and introduced Miltown®

Reference: Baird, H. W., III.
A comparison of Meprospan
(sustained action meprobamate
capsule) with other
tranquilizing and relaxing
agents in children.
Submitted for publication, 1958.

CHE-7331 *TRADE-MARK

WHAT I LEARNED FROM A TAX AUDIT

Just to give you an idea of what a tax audit can be like for any doctor who keeps fuzzy financial records, here's a blow-by-blow account of what happened:

The First Blow

At our first encounter, my visitor grabbed a bundle of patient record cards from my files. He motioned me hospitably to a chair at his side. Then, as he called out the name and date of each treatment, I had to show where the amount charged was listed in the day book. I'd figured

my gross income from the totals in the day book; so I suppose this cross-check was to see whether I'd been reporting all my income for the period.

In view of the bad habits of my aide and myself, I was scared to death. Sure enough, the fifth item he called out had never been marked down in the day book. For a total of twenty hours—not all in one day, luckily—we carried on the cross-checking routine. And it became grimly apparent to both of us that plenty of payments hadn't been recorded.

More ▶



PHENAPHEN® PLUS

Phenaphen Plus is the physician-requested combination of Phenaphen, plus an antihistaminic and a nasal decongestant.



Available on prescription only.

each coated tablet contains: **Phenaphen**
 Phenacetin (3 gr.) 194.0 mg.
 Acetylsalicylic Acid (2½ gr.) 162.0 mg.
 Phenobarbital (¼ gr.) 16.2 mg.
 Hyoscyamine Sulfate 0.031 mg.
plus
 Prophepridine Maleate 12.5 mg.
 Phenylephrine Hydrochloride 10.0 mg.

the battle won in the office...is often lost

'Combid' *Spansule* capsule therapy controls both the psychic and physical factors in ulcer and other g.i. disturbances, and helps your patients to maintain "g.i. equilibrium."

'Combid' *reduces*

secretion
spasm
nausea and vomiting
anxiety, tension and stress

for 10 to 12 hours after just one oral dose.

Combid^{*} **Spansule[†]**
b.i.d.

Compazine[‡], 10 mg.; Darbid[§] (S.K.F.'s potent anticholinergic), 5 mg.

Smith Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off.

†T.M. Reg. U.S. Pat. Off. for sustained release capsules, S.K.F.

‡T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

§Trademark for isopropamide, S.K.F.

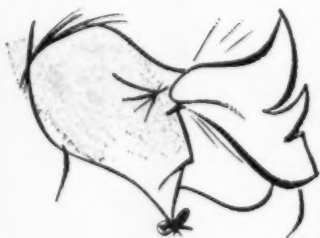
termost in the stomach



cold sufferers
never dry...



they just
blow away!



Until you provide
GREATER RELIEF
with longer-acting*
Novahistine LP

*A single dose provides relief for as long as 12 hours.

Novahistine LP† combines the action of a quick-acting sympathomimetic with an antihistaminic drug for a greater decongestive effect.

Each LP tablet contains:
Phenylephrine hydrochloride. 20 mg.
Chlorpheniramine maleate. 4 mg.
Bottles of 50 and 250 tablets.

Usual dose: Two tablets, morning and evening. For mild cases (and children), 1 tablet. Occasional patients may require a third daily dose, which can be safely given.

†Trademark

PITMAN-MOORE COMPANY
DIVISION OF ALLIED LABORATORIES, INC.
INDIANAPOLIS 6, INDIANA

Fortu
of twic
about e
recorde

"Wel
said h
finished
operatio
not a w

His
through
for the l
job—in
as his u
the che
ness an
could I
were pa
sonal? T
know, a

It wa

He
After
shuffle,
bank. I
to be an
discard
once I'd

At t
that my
come b
I expla
deficit
underst
notes a
self. Th
Thro

TAX AUDIT

Fortunately for me, the total of *twice-recorded* income just about equaled the total of *un-recorded* income.

"Well, that cancels out," I said hopefully, when we'd finished this phase of our mutual operation. The T-man answered not a word.

His next step was to run through every check I'd written for the last three years. It was my job—in general, I worked along as his unpaid assistant—to sort the checks into two piles, business and personal. But what could I do with the checks that were part business and part personal? Tear them in half? I didn't know, and I had to tell him so.

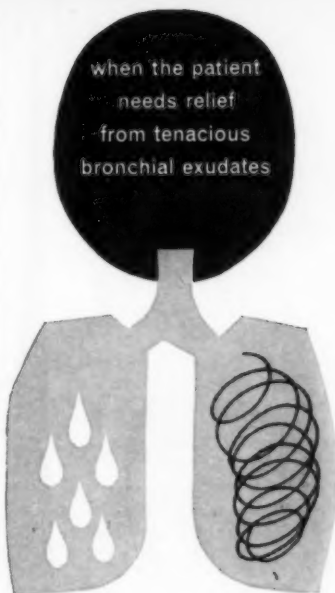
It was embarrassing.

He Checked at the Bank

After he'd run out of checks to shuffle, he next paid a visit to my bank. I suppose he had to. It used to be another of my bad habits to discard monthly bank statements once I'd verified the figures.

At the bank, he discovered that my outgo exceeded my income by a considerable margin. I explained my adventures in deficit finance. He seemed to understand. But he kept making notes and not committing himself. The suspense was awful.

Throughout the long audit, in



Novahistine[®] EXPECTORANT

combines the decongestive effects of Novahistine and the cough-control action of dihydrocodeinone with the liquefying, expectorant action of ammonium chloride.

Each 5 cc. teaspoonful contains:

Phenylephrine hydrochloride	10.0 mg.
Propenpyridamine maleate	12.5 mg.
Dihydrocodeinone bitartrate	1.66 mg.
Ammonium chloride	135.0 mg.
Sodium citrate	84.5 mg.
Chloroform (approx.)	13.5 mg.
l-Menthol	1.0 mg.
(Alcohol 3%)	

Dosage: Adults—2 teaspoonfuls, three or four times daily. Children— $\frac{1}{2}$ the adult dose. Infants— $\frac{1}{4}$ to $\frac{1}{2}$ teaspoonful, three or four times a day.

Supplied in pint and gallon bottles.



PITMAN-MOORE COMPANY
DIVISION OF ALLIED LABORATORIES, INC.
INDIANAPOLIS 6, INDIANA

*and...in Colds
complicated by
useless, exhausting
coughs*



Novahistine-DH*

(fortified Novahistine with dihydrocodeinone)

When "head colds" become "chest colds" Novahistine-DH promptly controls coughs and keeps air passages of both head and chest clear of obstruction.

Each teaspoonful (5 cc.) of grape-flavored Novahistine-DH contains:

Phenylephrine hydrochloride.....	10 mg.
Propenpyridamine maleate.....	12.5 mg.
Dihydrocodeinone bitartrate.....	1.66 mg.
Chloroform (approx.).....	13.5 mg.
I-Menthol.....	1.0 mg.

Supplied in pint and gallon bottles.

*Trademark



PITMAN-MOORE COMPANY
DIVISION OF ALLIED LABORATORIES, INC.
INDIANAPOLIS 6, INDIANA



TAX AUDIT

fact, he said practically nothing. At times I thought I knew what he was doing; other times, I wasn't so sure. Usually I thought he knew, but sometimes I wasn't even sure of that.

As each new fragment of information was dredged to the surface, I kept wondering how it fitted into the jigsaw puzzle of facts and figures. And when a pattern finally began to emerge, I was afraid it looked uncomfortably like bars and stripes.

By the time the T-man had been with me for a month and a half, I'd begun to think he'd hang around until he retired. Actually, though, he didn't spend all his waking hours with me. He seemed to be working on several different returns at once. He would dash in and out at odd times. Sometimes he'd break appointments. Often he'd take my books away with him to work on at home.

Judgment Day

But at last he was finished. On the day of reckoning, he and I sat down across a table to review my sins of omission and commission.

"Dr. Miller," he began sadly, "I suppose some doctors have worse business records. But I've never seen any." *More*

You can rely on—

PROTAMIDE®

NEURITIS

"...represents a significant decrease in the period of disability for the patient. No specific or multiple vitamin preparations have proved as beneficial as the use of [Protamide]."

— Richard T. Smith
MEDICAL CLINICS OF
NORTH AMERICA

HERPES ZOSTER

"Protamide is a valuable remedy in the treatment of herpes zoster. It is helpful in relief of pain and apparently aids in involution of the cutaneous lesions."

— Frank C. Combes, et. al.
NEW YORK STATE JOURNAL
OF MEDICINE

RADICULITIS

"Protamide provided fast relief for the type of cases of neuritis which had proved intractable to Vitamin B₁, B₁₂ and physical therapy... it is now our therapy of choice..."

— Henry W. Lehrer, et. al.
NORTHWEST MEDICINE

HERPES OPHTHALMICUS

"...it is certain we have obtained more satisfactory results with Protamide than with those drugs previously employed such as the neuro-vaccines, antibiotics, vitamins, ACTH and cortisone."

— Prof. F. Caramazza
ITALIAN JOURNAL OF
OPHTHALMOLOGY

HERPES ZOSTER

"...Protamide is of definite value in the relief of pain in herpes zoster. Further, vesicles and crusts disappear much more rapidly than in untreated cases."

— William C. Marsh
U. S. ARMED FORCES
MEDICAL JOURNAL

NEURITIS

"Protamide is deemed a safe drug... with the ability to control 80.7 per cent of patients with radiculitis of posterior roots believed due to virus infection."

— Richard T. Smith
NEW YORK MEDICINE

A folio of these and other reprints
available on request.

Sherman Laboratories

Detroit 11, Michigan

Letters To a Doctor's Secretary . . .

In this useful volume, MEDICAL ECONOMICS has reprinted a series of articles that provides a complete, step-by-step course of instruction for the physician's aide.

Bound between handsome, black laminated covers, with the title in gold, this convenient pocket-size book contains 75 information-packed pages. Prepaid price: \$2.

A portfolio of articles on

Partnership And Group Practice . . .

Here, reprinted, are about a dozen of the most popular articles on this subject published in MEDICAL ECONOMICS.

The portfolio is book size, with a leatherette cover and with the title stamped in gold. Prepaid price: \$2.

.....
Medical Economics, Inc.
Oradell, N. J.

Please send me prepaid:

- ☐ Letters to a Doctor's Secretary
☐ Partnership and Group Practice Portfolio
I enclose \$_____

Name

Street

City State

111058

150 MEDICAL ECONOMICS • NOVEMBER 10, 1958

TAX AUDIT

On gross income, he explained, he was prepared to accept the figures I'd reported. There were errors. But he recognized them as honest mistakes. And, as I've said, they did cancel out.

Deductions Canceled

But he was disturbed by all sorts of items I hadn't even worried about. For instance, there was the casualty deduction I'd claimed for a beautiful stand of hardwood trees destroyed in a tornado. "Oh, no," said Mr. Johnson (which wasn't his real name, by the way). "That tornado *improved* your property, Doctor. It gave you more sunlight." Ergo, no deduction.

Then there were my deductions for depreciation on professional equipment and office improvements. During the past few years I'd bought a lot of expensive stuff; and I had remodeled my office to twice its former size. I'd charged off those expenses over a five- to seven-year period. And I certainly didn't expect to be challenged on this score.

But he came down hard on me. I'd taken the deductions too fast, it seemed. The T-man made his point with the help of a tax booklet he carried with him. According to the slim volume,

A no
ther
dispe
healin

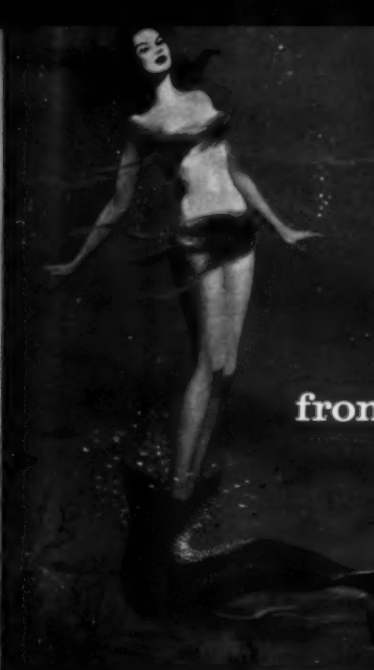
Succ
com
in pa
riasis
durate
der a

Trea
occu

Safe
other
cortic

A no
ically





new freedom
from embarrassment
and distress of
psoriasis

alphosylTM

LOTION

A notable advance in topical therapy of psoriasis: Keratin-dispersing action; stimulation of healing.

Successful results ranging to complete clearing obtained in patients with: ■ scalp-to-toe psoriasis ■ psoriasis of many years' duration ■ psoriasis involving tender areas.

Treatment-fastness has not occurred

Safety: Avoids potential hazards of other therapies—mercury, arsenic, corticosteroids, x-rays.

A noteworthy advance cosmetically: Nongreasy, nonstaining;

vanishes on application to the skin. May be used freely on the scalp.

Application: Rub thoroughly into lesions 2 to 4 times daily. In cases of long duration, initial response may take several weeks. Often, in obstinate cases, hot baths before applications hasten response. **Maintenance:** Apply 2 or 3 times weekly, or daily if necessary.

Formula: Allantoin 2% and special coal tar extract 5% in a lotion base.

Supplied: Bottles of 8 fl. oz.

(1) Fleisch, P.: Reported Conf. N. Y. Academy Sciences May 9, 1958 (In Press). (2) Bleiberg, J., and Saltzman, J. A.: Clin. Med. 5:485 (Apr.) 1958. (3) Bleiberg, J.: Reported Conf. N. Y. Academy Sciences May 9, 1958 (In Press). (4) Clyman, S. G.: Reported Conf. N. Y. Academy Sciences May 9, 1958 (In Press). (5) Samlitz, M. H.: Reported Conf. N. Y. Academy Sciences May 9, 1958 (In Press).



REED & CARNRICK / Jersey City 6, N. J.

WHAT I LEARNED FROM A TAX AUDIT

equipment should last twice as long as it actually does. So the depreciation period for my stuff was stretched out. I had to pay up.

He Wasn't Penalized

My additional tax bill for the three-year period in question came to almost \$2,000, plus 6 per cent interest. But my T-man apparently realized I'd made an honest effort to pay my fair share of taxes. He said absolutely nothing about negligence or fraud penalties.

So I don't feel the Government roughed me up too badly. I paid the final bill with a sigh of relief, grateful that those years were in moth balls and that I could now go back to making a dollar to pay taxes on (and with).

But I'd rather not sweat through any further marathon audits. That's why I've changed my bookkeeping methods. I now have two aides instead of one; and I'm trying to train them right.

I delegate the work sheet, the patient cards, and the day book to *both* girls. Each checks the daily figures independently, and I match their answers against the cash received. Only if all three

totals agree do we accept the figures.

I've also set up separate checking accounts for business and personal affairs. And I've increased the responsibility of my accountant. He now checks each day's work sheet, all receipts, every deposit slip, and all professional expenditures.

There's nothing remarkable about my current bookkeeping routine, of course. It's standard operating procedure for a well-run office. But mine *wasn't* well run. And since my audit, I've talked to scores of other men whose methods seem as haphazard as mine used to be. For instance, take one doctor I know:

He's Asking for It

He has three checking accounts—one for his office, one for himself, one for his wife. Trouble is, he pays his professional expenses from all three—depending on which checkbook is handiest when the bill comes in.

I bet the T-men will hang around *his* place till doomsday trying to straighten out the mess. And don't think they won't turn up there sometime soon. Slovenly bank accounts attract the Rev-

Comments by investigators on

Robaxin

(Methocarbamol Robins, U.S. Pat. No. 2770549)



—the remarkably efficient skeletal muscle relaxant, unique in chemical formulation, and outstanding for sustained action and relative freedom from adverse side effects.

PUBLISHED REFERENCES: 1. Carpenter, R. B.: *Southern Medical Journal* 51:627, 1958. 2. Forsyth, R. F.: *J.A.M.A.* 167:162, 1958. 3. Little, J. W., and Truitt, E. B., Jr.: *J. Pharm. & Exper. Therap.* 119:181, 1957. 4. Morgan, A. M., Truitt, E. B., Jr., and Little, J. M.: *J. Am. Pharm. Assoc., Sci. Ed.* 46:276, 1957. 5. O'Donerty, D. E., and Shabdo, C. D.: *J.A.M.A.* 167:160, 1958. 6. Parr, R. W.: *J.A.M.A.* 167:168, 1958. 7. Truitt, E. B., Jr., and Patterson, R. B.: *Proc. Soc. Exper. Biol. & Med.* 95:122, 1957. 8. Truitt, E. B., Jr., Patterson, R. B., Morgan, A. M., and Little, J. M.: *J. Pharm. & Exper. Therap.* 119:189, 1957.

Supply: Tablets (white, scored), 0.5 Gm., bottles of 50 and 500.

A. H. ROBINS CO., INC., Richmond 20, Va.

Rhinal Pharmaceuticals of Merit since 1878.

Summary of four new published clinical studies:

Robaxin Beneficial in 95.6% of Cases of Acute Skeletal Muscle Spasm^{1,2,3,4}

CONDITION	NO. PATIENTS	RESPONSE			
		"marked"	moderate	slight	none
STUDY 1¹					
Skeletal muscle spasm secondary to acute trauma	33	26	6	1	—
STUDY 2²		"pronounced"			
Herniated disc	39	25	13	—	1
Ligamentous strains	8	4	4	—	—
Verticallitis	3	3	—	—	—
Whiplash injury	3	2	1	—	—
Contusions, fractures, and muscle soreness due to accidents	5	3	2	—	—
STUDY 3³		"excellent"			
Herniated disc	8	6	2	—	—
Acute fibromyalitis	8	8	—	—	—
Verticallitis	1	—	—	1	—
STUDY 4⁴		"significant"			
Pyramidal tract and acute myalgic disorders	30	27	—	2	1
TOTALS	138	104	28	4	2
		(75.3%)	(20.3%)		

THE JOURNAL

American Medical Association

"In the author's clinical experience, methocarbamol has afforded greater relief of muscle spasm and pain for a longer period of time without undesirable side effects or toxic reactions than any other commonly used relaxants."¹

THE JOURNAL

American Medical Association

"An excellent result, following methocarbamol administration, was obtained in all patients with acute skeletal muscle spasm."²

THE JOURNAL

American Medical Association

"In no instance was there any significant reduction in voluntary strength or intensity of simple reflexes."³

Southern Medical Journal

"This study has demonstrated that methocarbamol (Robaxin) is a superior skeletal muscle relaxant in acute orthopedic conditions."⁴

WHAT I LEARNED FROM A TAX AUDIT

enuers like the aroma of sour mash.

Now I have just one suggestion to make to the I.R.S.:

I think they ought to teach their agents how to do the auditing job in a bit less than the two months it took Harry Johnson to finish mine. I figure that the audit consumed about sixty hours of his time and about twice as much of mine and my aide's.

Granted, much of the delay was the fault of my own bad bookkeeping. But much was also the Government's fault. Mr. Johnson was hard-working and

apparently fair-minded. He simply had too much to do—too many cases to deal with simultaneously. He always seemed to be in a rush to get somewhere else.


After our last meeting, in fact, he flew out the door so fast that he left behind some souvenirs of the audit. I still have his folding cup and muffler. When I look at them, I recall my final glimpse of him rushing off to another appointment somewhere.

Whose office, I wonder, was he in a hurry to get to? Could it have been yours? END

↓

IMPOTENCE

↑



GLUKOR effective in 85% of cases.¹

Glukor may be used regardless of age

and/or pathology . . . without side effects . . . effective in men in IMPOTENCE, premature fatigue and aging.² **GLUTEST** for women in frigidity and fatigue.³ Lit. available.

The original synergistically fortified chorionic gonadotropin. Dose 1 cc IM — Supplied 10 & 25 cc vials.

1. Gould, W. L.: *Impotence*, M. Times 84:302 Mar. '56.

2. *Personal Communications from 110 Physicians.*

3. Milhoan, A. W., *Tri-State Med. Jour.*, Apr. '58.

Reg. U. Pat. Off. Pat. Pend. © 1958

*Research
Supplies*

Pine Station, Albany, N. Y.

both have a cold...
BUT ONLY ONE IS COMFORTABLE



DuadacinTM

brings comfort to her cold

X
 Snipped-up
 nose

PROMPT DECONGESTANT ACTION
 Rapidly relieves nasal congestion, while giving the patient a welcome "lift"... with Phenylphrine.

X
 Headache,
 Fever,
 Sore Throat

ANALGESIC ACTION FOR ADDED COMFORT

Potentiated effect of Salicylamide with acetophenetidin helps relieve depressing "aches and pains." Caffeine and ascorbic acid also provided.

X
 Allergic
 manifestations

COMBATS HISTAMINE-INDUCED SYMPTOMS

Balanced ratio of chemically distinct antihistamines results in full potency with marked freedom from side-actions... with Chlorpheniramine and Pyrilamine.

Dose: One capsule three or four times daily.

Supplied: Green and white capsules, bottles of 100

LLOYD BROTHERS, INC., CINCINNATI 3, OHIO

in all
diarrheas

CREMOMYCIN®

SUCCINYLSULFATHIAZOLE-NEOMYCIN SUSPENSION
WITH PECTIN & KAOLIN

EXPERIENCE
MORE THAN
16 MILLION DOSES
ADMINISTERED WITH
SAFETY AND EFFICACY.

regardless of
etiology



MERCK SHARP & DOHME

DIVISION OF MERCK & CO., Inc., PHILADELPHIA 1, PA.

CREMOMYCIN is a trademark of Merck & Co., Inc.

Should
own po
of their
tion? Y
a colum
Salem
newspa
He a
dents p
year tu
costs th



Are Doctors Subsidized by Society?

*They never pay
the full cost of
their education, a
columnist com-
plains. Answer:
They repay it in
other ways*

By R. W. Tucker

Should doctors reach into their own pockets to pay the full costs of their medical school education? Yes, says Sydney J. Harris, a columnist for the Winston-Salem (N.C.) Journal and other newspapers.

He argues that medical students pay only \$600 to \$900 a year tuition, while their training costs the school about \$4,000 a

year per student. Doctors could well afford to repay the difference, he adds, because their incomes are "the highest in all professional brackets."

What's the answer? That doctors already *do* subsidize their own training, according to Dr. Wingate M. Johnson, editor of the North Carolina Medical Journal. He points out:

ARE DOCTORS SUBSIDIZED BY SOCIETY?

"Mr. Harris overlooks the fact that young doctors, after getting their M.D. degrees, serve as hospital house officers from one to eight years, or longer, for starvation wages or for nothing . . .

'A \$12,800 Subsidy'

"Subtracting the student's average tuition fee—at least \$800 a year—from . . . the actual cost of his education leaves a 'subsidy' of \$3,200 a year, or \$12,800 in four years.

"Since the average young doctor could earn at least \$10,000 a year in practice, but serves

three years as a hospital house officer for not more than an average of \$1,800 a year, it seems fair to subtract this sum from \$10,000 (or more). This would mean that he pays back to society the equivalent of at least \$8,200 a year—or \$24,600 for three years.

"This is \$11,800 more than the 'subsidy' given him by society," Dr. Johnson's editorial in the Journal concludes. "How many other professional men, Mr. Harris, come as near repaying their debt to society for their education?"

END

**In Kraurosis and Leukoplakia Vulvae, Postmenopausal
and Senile Vaginitis, Pruritis Vulvae et Ani . . .**

HIST-A-CORT-E

CREME

pH 4.7

ACID MANTLE • HYDROCORTISONE • ESTRONE • PYRILAMINE MALEATE • SYNTHETIC VITAMIN A

DOME

INCORPORATED
IN EXCLUSIVE
ACID MANTLE
VENTIL

**Stops itching instantly and completely.
Corrects thickening of skin—eliminates scaling.
Restores skin to normal softness and pliability.
Tends to negate necessity for surgery
in Kraurosis and Leukoplakia Vulvae.**



THE MOST TRUSTED NAME IN DERMATOLOGICALS

Supply: With ½% hydrocortisone in ½ oz.
and 1 oz. tubes. With 1% hydrocortisone
in ½ oz. tubes. Sig: Apply twice daily



DOMÉ CHEMICALS INC.
125 West End Avenue, New York 23
Los Angeles • Montreal

DULCOLAX

(brand of bisacodyl)

UNIQUE! NEW!

tablets • suppositories

CONTACT

LAXATIVE

acts directly on colonic mucosa
does not depend on systemic absorption

chemically different • pharmacologically unique
clinically distinctive

• prompt and predictable action

• Tablets: work overnight without disturbing sleep; taken before breakfast, act within six hours

• Suppositories: produce evacuation in 15 to 60 minutes

• acts directly on colonic mucosa
• virtually no contraindications
• very well tolerated

dosage: Tablets: One to 3 (usually 2) at bedtime for bowel movement the following morning, or ½ hour before breakfast for a movement within six hours.

Suppositories: One at time bowel movement is required.

supplied: DULCOLAX® (brand of bisacodyl). Yellow enteric-coated tablets of 5 mg. in boxes of 6 and bottles of 100. Suppositories of 10 mg. in boxes of 6. Under license from C. H. Boehringer Sohn, Ingelheim.

GEIGY ARDSLEY, NEW YORK

81228

ONE
Peptic-Ulcer Formula . . .

TOTAL
Medical Management



Ever since the discovery of the therapeutic properties of aluminum hydroxide gel, Wyeth has been a pioneer in development of medications for peptic ulcer. Now, Wyeth research presents ALUDROX SA.

ALUDROX SA benefits the peptic-ulcer patient by providing complete medical management in one preparation. It relieves his pain, reduces his acid secretion, calms his emotional distress, promotes ulcer healing.

ALUDROX SA incorporates *ambutonium bromide*, an important new anticholinergic, to reduce gastric secretion and motility without significant side-effects or toxicity on therapeutic dosage.

For long- or short-term management—*anticholinergic, sedative, antacid, demulcent, anticonstipant* . . .



SUSPENSION

ALUDROX®

TABLETS

SA*

Aluminum Hydroxide Gel with Magnesium Hydroxide,
Ambutonium Bromide, and Butabarbital, Wyeth

* Sedative and anticholinergic



Philadelphia 1, Pa.



'Sliding-Scale Fees Are Still the Best'



Far from 'soaking the rich,' charges based on your patient's ability to pay are fairest to both you and him, this management man says

By J. Paul Revenaugh

Doctors who charge according to the patient's ability to pay are being called harsh names these days. They're "medical Robin Hoods." They "soak the rich." And so on.

The modern idea seems to be that every doctor should set a fee schedule based on his own evaluation of his services; and deviations, if any, should be downward only. In other words, the consensus seems to be that standardized fees are the only fair fees.

Well, at the risk of appearing old-fashioned, I beg to

THE AUTHOR has been a professional management counselor for a quarter of a century. He heads Professional Business Management, Inc., Chicago.



Antivert® stops vertigo

*(and a glance at the formula
shows two reasons why)*

each ANTIVERT tablet contains:
Meclizine (12.5 mg.)
to ease vestibular distension
Nicotinic Acid (50 mg.)
for prompt vasodilation

ANTIVERT is particularly useful for the relief of dizziness in the elderly. Try ANTIVERT on your next vertiginous patient.

Dosage: one tablet before each meal.
In bottles of 100 blue-and-white scored tablets. Rx only.



New York 17, New York
Division, Chas. Pfizer & Co., Inc.

SLIDING-SCALE FEES

disagree. In my opinion, standardized fees *aren't* fair because they put the emphasis in the wrong place.

Chickens vs. Cows

When a physician draws up a constant fee schedule, he's thinking of what each service is worth to *him*. Thus, he's neglecting the essential question of what it's worth to the *patient*. In the old days, when doctors were paid in kind, they were willing to accept a chicken from one farmer in return for a certain medical service; but they were apt to want a cow from a wealthier farmer for the same service.

What's in a Dollar?

Seems to me they had a good point. After all, the value of money is a pretty relative thing.

Think of the vastly different meanings a dollar bill has for different people. A scrubwoman may view it as the wherewithal for her next day's food. A well-to-do businessman may think it just enough for a casual tip. These varying points of view should certainly be taken into account in setting medical fees.

The real worth of a service is *its value to the recipient*. Lawyers, architects, even clergymen generally establish their fees that

Nupercainal Lotion

(dibucaine CIBA)

You might mention the fact, the next time you see a patient with a burned finger or a skinned elbow, that Nupercainal now comes in pleasant Lotion form (in a handy plastic squeeze bottle). If you do, she might have it on hand to stop the pain of household cuts, minor burns and scrapes. She'll be grateful.

LOTION, 0.5%; 80-ml. plastic squeeze bottles.

stops the pain
soothes
the patient



C I B A
SUMMIT, N. J.

In potentially.
serious
infections...

UPJOHN, REG. U. S. PAT. OFF.

UPJOHN, REG. U. S. PAT. OFF.—AND OTHER
BRANDS OF TETRACYCLINE

UPJOHN, REG. U. S. PAT. OFF.—AND OTHER
BRANDS OF CRYSTALLINE HYDROXYDIME SULFONE

UPJOHN

The Upjohn Company, Kalamazoo, Michigan

Upjohn

Ma
P
you
bro
ant
of
effect
than 3
even i
staphy

Available

1. Penicillin
2. Penicillin
3. Penicillin
4. Penicillin
5. Penicillin

2. Penicillin

3. Penicillin
4. Penicillin
5. Penicillin
6. Penicillin
7. Penicillin

8. Penicillin

9. Penicillin
10. Penicillin

11. Penicillin

12. Penicillin
13. Penicillin

14. Penicillin
15. Penicillin

16. Penicillin
17. Penicillin

18. Penicillin
19. Penicillin

20. Penicillin
21. Penicillin

22. Penicillin
23. Penicillin

24. Penicillin
25. Penicillin

26. Penicillin
27. Penicillin

28. Penicillin
29. Penicillin

y.
us
... Make new

Panalba

Trimethoprim Phosphate (plus Albamycin**)

**your
broad-spectrum
antibiotic
of first resort**

effective against more
than 30 common pathogens,
even including resistant
staphylococci.

Available Forms:

1. Panalba Capsules, series of 50 and 100 capsules. Each capsule contains:

Trimethoprim phosphate (trimethoprim phosphate complex) equivalent to trimethoprim hydrochloride 250 mg.
Albamycin (as novobiocin sodium) 120 mg.

2. Panalba 100-11 Flavored Granules. When sufficient water is added to fill the bottle, each teaspoonful (5 cc.) contains:

Trimethoprim (trimethoprim) equivalent to trimethoprim hydrochloride 120 mg.
Albamycin (as novobiocin sodium) 60.2 mg.
Succinyl succinylphosphate 700 mg.

Dosage:

Panalba Capsules

Usual adult dosage is 2 capsules q.i.d.

Panalba 100 Granules

For the treatment of moderately acute infections in infants and children, the recommended dosage is 1 teaspoonful per 12 to 15 lbs. of body weight per day, administered in 3 to 4 equal doses, before or prolonged solutions require higher doses. Dosage for adults is 2 to 4 teaspoonfuls 3 or 4 times daily, depending on the type and severity of the infection.



SLIDING-SCALE FEES

way. Many businessmen who offer a personal service do, too. Why not physicians, then?

How to apply this principle to medical fees? The most practical method, in my experience, is to establish charges in terms of a patient's income. The problem doesn't arise, of course, with routine office visits and house calls; such services should be on a flat fee scale. But fees for *major* services can be quite simply graded in any way you choose.

You might, for example, decide that a life-or-death operation is worth one month of a patient's income. An appendectomy might be worth one week or ten days of his income. Other common procedures can usually be fitted into this system without difficulty.

Result: a rough but simple fee schedule that automatically reflects the value of the service to the patient, since it's geared to his income. There's nothing new



"You've got to make her well, Doctor. I don't care what it costs."

in alcoholism . . .



**Compazine* reduces the urge to drink
— helps keep patients on the job**



By inducing relaxation and diminishing worry and anxiety, 'Compazine' controls the fears and frustrations from which patients seek escape in alcohol. Thus, patients on 'Compazine' can go through tension-laden situations without resort to drink.

Furthermore, hypotension is not a problem with 'Compazine' therapy.

Available: Tablets, Spansule† capsules, Ampuls, Multiple dose vials, Suppositories and Syrup.

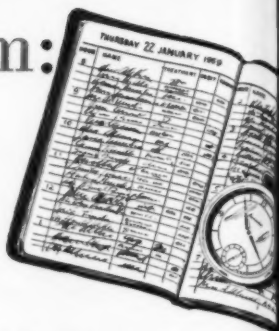
Smith Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

†T.M. Reg. U.S. Pat. Off. for sustained release capsules, S.K.F.

The Problem:

*To save your
most precious
asset—TIME*



Time is a physician's most precious asset. Research indicates that time is something he never gets enough of. Something that is constantly being gnawed at by the ever-present problem of keeping up-to-date on the basic facts concerning the hundreds of new products which become available to the physician month after month.

On the facing page is an answer to this crushing problem. Read it and then refer to the sample material shown below that illustrates a great new service to physicians designed for just one purpose: To save you time in acquiring authentic scientific data on new products—what they do and what they won't do!



Actual page size
8 1/4" x 11"

The Answer:

A Brand New Service to Physicians

Everything you need to know about new medical products—between the covers of a single publication

Immediately after the first of the year, you will receive the first issue of a new kind of publication called *New Medical Products*. It is aimed at filling the physician's need to keep up with the hundreds of new drugs and other health products that are made available each year.

It is designed to fill this need in a manner so efficiently organized and so medically thorough, that the physician can keep himself better informed than he is now able to do, without wading through vast quantities of material that consume so much invaluable time.

Now you don't have to wait for complete, authentic information on new products. You get it promptly in the form you like. Succinct. Orderly. Thorough. Accurate.

Each product, as in the adjoining sample page from *New Medical Products*, is treated in editorial style. Data is uniform in arrangement—giving all vital facts about that product on a single page.

- Each page is devoted to a single product—giving the following types of data on that product: 1. Indications, 2. Composition, 3. Advantages, 4. Contraindications and Precautions, 5. How supplied. 6. Dosage and administration, 7. Clinical evidence, 8. References, 9. Manufacturer, 10. Photo of package, 11. Text on all sides of package.
- The opening pages of each issue of this new publication will present a compendium of every major disease known to medicine today. Beneath these headings will be listed each new product—new within the past 12 months—that has been found useful in the treatment of that disease. This unique feature will enable every physician to make immediate use of all of medicine's armamentarium.
- Here in one publication is all the information that you need on new products, condensed and edited for you by experts . . . along with other vital data not available from any other single source.

FREE TO DOCTORS. If you don't receive your copy shortly after January 1st, write to:
NEW MEDICAL PRODUCTS, 250 West 53th St., New York 19, N. Y.

SLIDING-SCALE FEES

about this principle, of course. Doctors have been using it for several thousand years. But *how* it's used is all-important.

In most cases, the doctors I've worked with have found it practical to give a patient a yardstick and let *him* set the fee. This makes it virtually certain that the doctor will treat him fairly—and that the patient will realize it and be satisfied.

What to Tell Them

No set wording can be prescribed for explaining this procedure to patients. But one doctor I know handles it something like this:

"Now, Mr. Scoville, we come to the hardest part of this business—at least for me. That's the problem of deciding on a fair fee. I don't mind telling you, we usually figure that this particular service is worth about one week of the patient's income. But the important thing is for you to be completely satisfied. So here's what I'm going to suggest: I want *you* to set the fee, using what I've told you as a rough yardstick."

This discreet turning of the tables gives the patient little time to demur—even were he so inclined. Nearly always, he'll name

a pretty just figure—often saying something like this: "Well, does \$150 sound about right?"

To which the doctor can reply: "If it seems fair to you, it's certainly satisfactory to me." His chances of collecting the fee are far better in such cases than if he set it independently.

What about the occasional patient who tries to take advantage of you? If the fee he names seems ridiculously low, you can say something noncommittal like, "Well, suppose we call that the tentative fee." If a routine credit investigation later shows the patient *was* pulling a fast one, he can be billed for the exact "one week's income"—or whatever. An accompanying explanation will almost always make collection of the correct amount possible.

It Fosters Trust

Mostly, though, the technique works without need of check-up, for it's based on mutual trust. It not only is based on it; it strengthens it. And that's good for both doctors and patients.

Fees set this way are fair to both the rich and the poor. After all, they reflect the real value of the service to the recipient. Fur-

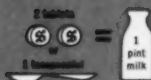
MILK-LIKE IS THE ACTION OF...

titralac

UNIQUE ANTACID THAT "TITRATES LIKE MILK"

Its creamy, mint flavor is pleasing even to peptic ulcer patients who take it month after month. The unique, milk-like action of TITRALAC assures prompt, prolonged relief of hyperacidity without acid rebound or constipation.

ON BUFFERING
POWER—



TITRALAC is effective in small doses. Two TITRALAC Tablets contain 0.36 Gm. glycine and 0.64 Gm. calcium carbonate. One teaspoonful TITRALAC Liquid approximates two tablets.

and with a Spasmolytic...

TITRALAC-SP

(TITRALAC formula + 0.5 mg. homatropine methylobromide)

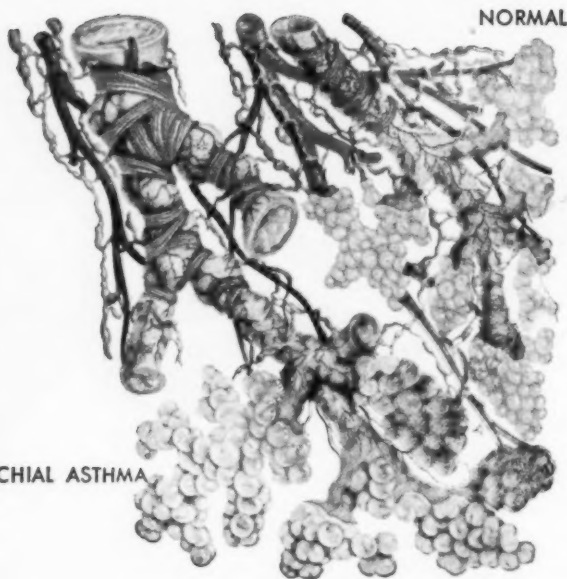
©T.M. REG. U.S. PAT. OFF.



Schein Labs

SCHENLABS PHARMACEUTICALS, INC.
NEW YORK 1, N.Y.
Manufacturers of NEUTRAPEN®
for penicillin reactions.

in **Bronchial** **Asthma**



When acute attack threatens:

Meproalone®

THE FIRST MEPROBAMATE-PREDNISOLONE THERAPY

relieves both psychic
and somatic components

In bronchial asthma, MEPROLONE used as adjunctive therapy exerts a combined activity that • reduces the number of asthmatic attacks • decreases wheezing and dyspnea • suppresses asthma-anxiety sequence • improves ability to rest and sleep.

APPLIED: Multiple Compressed Tablets: MEPROLONE-2—2.0 mg. prednisolone, 200 mg. meprobamate, and 200 mg. dried aluminum hydroxide gel (bottles of 100 tablets). MEPROLONE-5—5.0 mg. prednisolone, 400 mg. meprobamate, and 200 mg. dried aluminum hydroxide gel (bottles of 30 tablets).

Meproalone is a trademark of Merck & Co., Inc.

 **MERCK SHARP & DOHME** Division of MERCK & CO., Inc., Philadelphia 1, Pa.

SLIDING-SCALE FEES

thermore, patients themselves understand and welcome such consideration.

Some time ago, a doctor-client of mine performed an extremely delicate operation on one of America's wealthy businessmen. There could be no doubt that the surgeon had saved the man's life. So when the time came to talk about fees, the surgeon spoke frankly:

"I know it sounds absurd in your case," he said. "But my customary charge for life-or-death work is a month of the patient's income. As I say, that's my *customary* charge. I'd prefer to leave the fee up to you this time."

The businessman accepted the arrangement, and a few weeks later he settled the bill. What the surgeon got was a couple of thousand dollars in cash, another couple of thousand in stocks, and a still undetermined amount in stock rights. Altogether, he will have received many thousands of dollars for his services in that one case. Yet the patient set the amount and considered it fair.

Or take the case of a railroad president, on whom another surgeon performed a major stomach operation. Told that the doctor's customary charge in such cases

was one month's income, he set his own fee at \$3,500. Both parties were satisfied. It didn't matter that the man actually earned \$5,000 a month, as the doctor later learned.

Why Not Fixed Fees?

By contrast, here are some of the difficulties that fixed fees can lead to:

Another railroad man—a rank-and-file worker, not a president—underwent a stomach resection. The doctor charged him his standard fee—\$500. Weeks went by, and the bill wasn't paid.

Finally, the case came to me for investigation. I discovered that the man had a large family and that \$500 was clearly beyond his ability to pay. At my suggestion, the bill was reduced to \$200.

That man actually went out and borrowed \$200 from his friends so that he could pay the doctor in three days. He wanted to pay, but simply hadn't been able to—because the fee wasn't geared to his means.

Another fixed-fee case that came to my attention recently involved a nationally known surgeon in Chicago. Without even asking about a certain patient's

SLIDING-SCALE FEES

economic status, he'd billed the man for his standard fee of \$300. The patient had sent in \$100 and then hadn't been heard from for weeks. Finally, when the matter was followed up, the story came out:

The \$100 represented the man's whole fortune. He was old and frail. Yet he planned to go back to work in a filling station as soon as he could in order to pay off the rest of the \$300.

To the surgeon's credit, he not only wrote off the unpaid \$200 but sent back the man's original \$100. Yet his fee-setting error caused embarrassment to all. It would never have happened except for his reliance on standardized fees.

Doctors who use the sliding-scale technique *know* they're doing right by their patients. What's more, the patients know it too. Of such stuff are the most enduring doctor-patient relationships made.

END



DOCTORS AVERAGE 25% NET RETURN ON THIS INVESTMENT OPPORTUNITY!



Many dentists and physicians today own coin-operated unattended Westinghouse Laundromat® equipped laundry stores all over America. This proved investment opportunity nets them \$4000-\$8000 annually in their spare time.

Briefly, Here's What It Is:

1. A coin-operated laundry store virtually runs itself because all equipment is coin-metered and easily operated by customers. No attendants are necessary. Maintenance work is done by a neighborhood porter.
2. Many stores operate 24 hours a day, 7 days a week, thereby accumulating profits during night and weekend hours when other laundry stores are closed.

Here's What It Does For You:

1. Because it requires only a few hours of management time weekly, it does not interfere with the demands of your profession.
2. Accelerated depreciation schedules permit rapid accrual of equity... offer attractive tax deductions.

We have planned over 7000 successful laundry stores throughout the country... have the know-how essential to the security of your investment. You will receive assistance, complete training and promotional help from the national organization that originated and pioneered the coin-operated laundry store. We finance up to 80% of the necessary equipment. For full details, fill out the quick-action coupon below.

ALD, Inc.
7045 N. Western Ave., Dept. M,
Chicago 45, Ill.

I'd like to hear more about **WESTINGHOUSE LAUNDROMAT** equipped coin-operated laundry stores. Please have your representative contact me.

Name

Address

City State

© ALD, Inc., 1958

"Much betterh



C

CAPSULE
(black)
250 mg

Pr

1. H
2. M
3. S

Ar

4. M
5. U

COS
glucos
with r
antib
again

CAPS
Cosa-
ORAL
(5 cc
nysta

Pf

REFE
Ant.
Exp.
1958
Bam

A5475

...thank you, doctor"

COSA-TETRACYN*

GLUCOSAMINE-POTENTIATED TETRACYCLINE

CAPSULES

(black and white)
250 mg., 125 mg.

ORAL SUSPENSION

(orange-flavored)
125 mg. per tsp. (5 cc.), 2 oz. bottle

NEW! PEDIATRIC DROPS

(orange-flavored) 5 mg. per drop,
calibrated dropper, 10 cc. bottle

Proven in research

1. Highest tetracycline serum levels
2. Most consistently elevated serum levels
3. Safe, physiologic potentiation (with a natural human metabolite)

And now in practice

4. More rapid clinical response
5. Unexcelled toleration

COSA-TETRASTATIN*

glucosamine-potentiated tetracycline
with nystatin

antibacterial plus added protection
against monilial superinfection

CAPSULES (black and pink) 250 mg.
Cosa-Tetracyclin (with 250,000 u. nystatin)

ORAL SUSPENSION 125 mg. per tsp.
(5 cc.) Cosa-Tetracyclin (with 125,000 u.
nystatin), 2 oz. bottle

COSA-TETRACYDIN*

glucosamine-potentiated tetracycline-
analgesic-antihistamine compound

For relief of symptoms and malaise of
the common cold and prevention of sec-
ondary complications

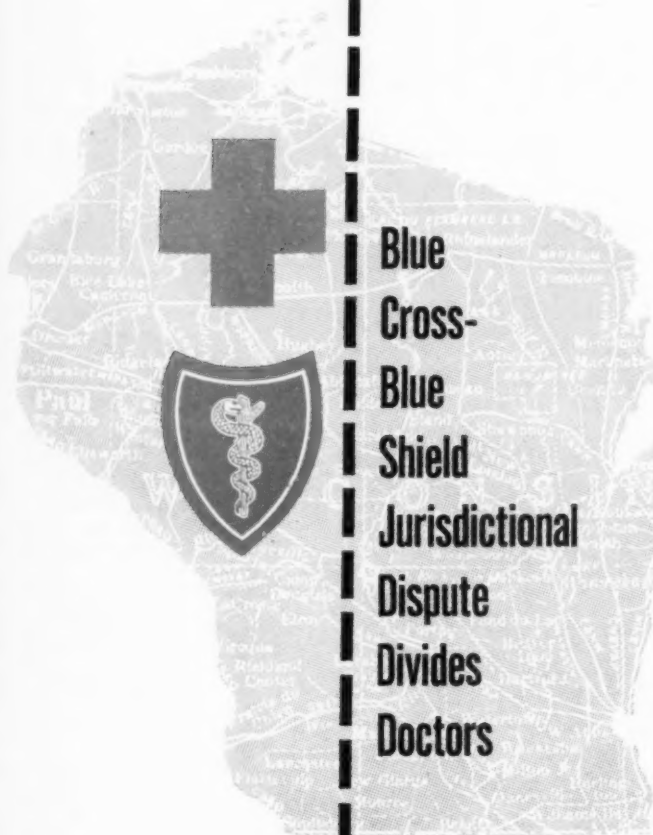
CAPSULES (black and orange) Each capsule
contains: Cosa-Tetracyclin 125 mg. • phenacetin
120 mg. • caffeine 30 mg. • salicylamide 150 mg.
bucizine HCl 15 mg.

Science for the world's well-being



PFIZER LABORATORIES Division, Chas. Pfizer and Co., Inc. Brooklyn 6, New York

REFERENCES: 1. Carlucci, M.: *Ant. Med. & Clin. Therapy* 5: 146 (Feb.) 1958. 2. Welch, H.; Wright, W. W. and Staffa, A. W.: *Ant. Med. & Clin. Therapy* 5: 52 (Jan.) 1958. 3. Marlow, A. A., and Bartlett, G. R.: *Glucosamine and Leukemia*. *Proc. Soc. Exp. Biol. & Med.* 84: 41, 1953. 4. Shalowitz, M.: *Clin. Rev.* 1: 25 (April) 1958. 5. Nathan, L. A.: *Arch. Pediat.* 75: 251 (June) 1958. 6. Cornbleet, T.; Chesrow, E., and Barsky, S.: *Ant. Med. & Clin. Therapy* 5: 328 (May) 1958. 7. Stone, M. L.; Sedlis, A., Bamford, J., and Bradley, W.: *Ant. Med. & Clin. Therapy* 5: 322 (May) 1958. 8. Harris, H.: *Clin. Rev.* 1: 15 (July) 1958.



**Blue
Cross-
Blue
Shield
Jurisdictional
Dispute
Divides
Doctors**

By Lois R. Chevalier

While hospital-sponsored plans and doctor-sponsored plans compete with each other, medicine in one state is split wide open by recriminations against a secretary, the resignation of a president, and violent reactions from M.D.s

"Gentlemen, I hold no rancor," said the stocky, balding man at the podium. "But I feel amazement and astonishment that you've elected to go along with a lay secretary instead of with your confreres in medicine."

"Doctor, we will have no more personal recriminations," said the speaker of the Wisconsin State Medical Society's House of Delegates, rapping sharply with his gavel.

"I am only going to tell facts," the man at the podium went on. "On Aug. 9, 1958, the secretary of this society, Mr. Charles Crownhart, said, and I quote from my notes: 'I'll push the western boundaries of Milwaukee County into Lake Michigan, and if some of the doctors fall in, so much the better.'"

There were murmurs and calls

from the delegates around the room. The man at the podium put his hand up to his throat.

"As I remove this ribbon with the attached medallion and place it lovingly in this case . . . it is with a sad heart that I resign the presidency of the Wisconsin State Medical Society. You have recommended that the Council revoke my county society's charter. Gentlemen, I have no choice."

With these words, Dr. Jerome W. Fons turned and left the room. In the uproar that followed, most of the Milwaukee delegates got to their feet and filed out behind him. Outside in the hall they saw that Dr. Fons had tears in his eyes.

Inside, the remaining delegates slowly came back to order. Dr. L. O. Simenstad, a past

BLUE CROSS-BLUE SHIELD DISPUTE

president of the Wisconsin society, moved a vote of confidence in Secretary Crownhart and his staff. The motion carried by a voice vote.

How did things come to this pass in Wisconsin? It's a complicated story that goes back a long way; but basically it's a battle over competing health insurance plans.

Picture this, if you can:

In Wisconsin at present, there are two rival state-wide Blue Shield plans offering medical-surgical coverage. One of them is sold exclusively by Blue Cross. The other, with its own sales force, is offering a new rider to cover hospitalization too.

For the moment, there's just one state-wide Blue Cross plan to pay hospital bills. But it has organized a subsidiary corporation to sell medical-surgical coverage as well. Furthermore, there's serious talk of organizing a second Blue Cross plan.

When the curtain rose on the present conflict early this year, the stage wasn't quite so crowded. There were:

¶ *Surgical Care*, the Blue Shield Plan of Milwaukee, owned, operated, and staffed by the county medical society and

limited to operations in Milwaukee.

¶ *Wisconsin Physicians Service*, sometimes called Blue Shield of Wisconsin, owned, operated, and staffed by the Wisconsin State Medical Society and sold everywhere in the state except Milwaukee.

¶ *Associated Hospital Service*, the Blue Cross plan that contracted to serve also as selling and enrolling agent for both the doctor-sponsored plans.

Down through the years, Surgical Care of Milwaukee has got along amiably with Blue Cross. But Wisconsin Physicians Service has not. The bad feeling broke into the open last January, when Wisconsin Physicians Service and Blue Cross dissolved what Crownhart called their "marriage of convenience."

According to the state society secretary (who also heads Wisconsin Physicians Service), W.P.S. was being charged \$180,000 a year by Blue Cross for its sales work—and Blue Cross was making a profit of \$60,000 a year on it.

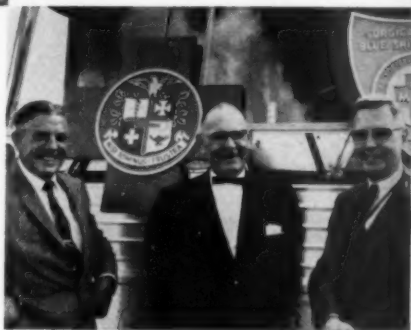
One expense item in particular roused Crownhart's ire. Blue Cross, he said, was "charging the salaries and fringe benefits of its

BLUE CROSS BUILDING in Milwaukee is about one-third larger than it needs to be for current operations, say those who believe Blue Cross is empire building at doctors' expense.



CHARLES CROWNHART, lawyer, lay secretary of the Wisconsin State Medical Society, head of Wisconsin Physicians Service, has also been accused of empire building.

THE ACCUSERS, Drs. Robert Purtell, Jerome Fons, and Donald Willson, sided with Blue Cross and against Crownhart. They lost out in a dramatic medical society meeting.



OZIUM®

the Glycol-ized

AIR FRESHENER

**QUICKLY SPRAYS
AWAY OFFENSIVE
ODORS**



OZIUM instantly dispels odors resulting from colostomies, dressings, medicants, ether. Eliminates body odors and those resulting from all odorous illnesses and injuries. Rids waiting room of smoke. Use OZIUM in your office. Many physicians carry OZIUM for use on house calls.

NEW No. 500
Patented Meter Valve
Assures 500 Individual
Measured Sprays.

*Call your medical supply
dealer for a demonstration*

Manufactured by
WOODLETS INC.
2048 Niagara Street, Buffalo 7, N.Y.

Sold in Canada by
G. H. WOOD & COMPANY, LTD., TORONTO
Branches Across Canada

BLUE CROSS-BLUE SHIELD

two principal executives as a joint expense of Wisconsin Physicians Service, Surgical Care, and Blue Cross. The amount involved is over \$100,000 for two men alone. I think it is unethical."

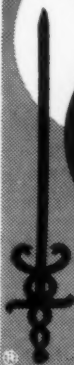
Crownhart's blast at Blue Cross drew return fire from an unexpected quarter—from Milwaukee doctors. State insurance department files, they said, showed the combined salaries of the two Blue Cross executives to be \$45,000.

"Neither of these two executives receives a salary as large as is paid the secretary of the state medical society,"

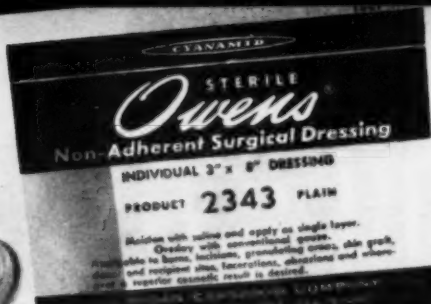
FIGHT CANCER

WITH A CHECKUP

AND A CHECK



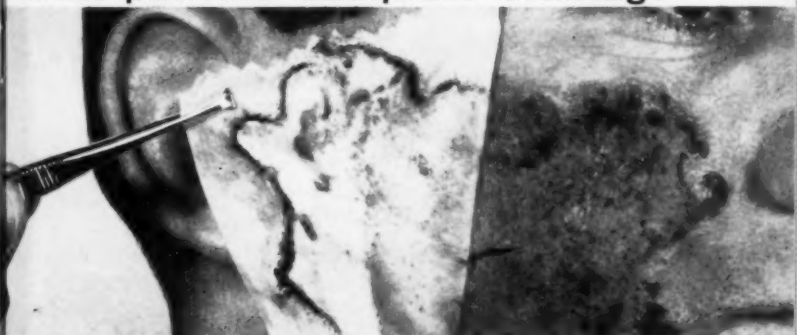
**AMERICAN
CANCER SOCIETY**



New... a sterile contact dressing



that permits adequate drainage



...without wound-adherence!

The new sterile OWENS® Non-Adherent Surgical Dressing¹ is "an ideal refinement in wound dressing technic." This exclusive semi-permeable rayon fabric prevents capillary penetration without ointment or other impermeable coatings to hinder healing. Painful tearing of wound surfaces is minimized ... better, more rapid healing is assured.

Double-wrapped dressings packaged sterile in individual envelopes ready for use on burns, incisions, granulating areas, skin graft sites, or wherever a superior cosmetic result is desired. Sizes: 3" x 8" and 8" x 12".

¹Thomson, J. E. M.: *Am. J. Surgery* 91:413, 1956

CYANAMID
AMERICAN CYANAMID COMPANY
SURGICAL PRODUCTS DIVISION
NEW YORK, N. Y.
SALES OFFICE: DANBURY, CONN.
PRODUCERS OF DAVIS & GECK BRAND
SUTURES AND VIND BRAND HYPODERMIC
STRINGS AND NEEDLES. DISTRIBUTED
IN CANADA BY: CYANAMID OF CANADA
LIMITED, MONTREAL 16, P. Q.

premenstrual

'DIURIL'

(CHLOROTHIAZIDE)

FORD, R. V., Rochelle, J.B.III, Handley, C. A., Moyer, J. H. and Spurr, C. L.: J.A.M.A. **166**:129, Jan. 11, 1958.

"... in premenstrual edema, convenience of therapy points to the selection of chlorothiazide, since it is both potent and free from adverse electrolyte actions." In the vast majority of patients, 'DIURIL' relieves or prevents the fluid "build-up" of the premenstrual syndrome. The onset of relief often occurs within two hours following convenient, oral, once-a-day dosage. 'DIURIL' is well tolerated, does not interfere with hormonal balance and is continuously effective—even on continued daily administration.

DOSAGE: one 500 mg. tablet 'DIURIL' daily—beginning the first morning of symptoms and continuing until after onset of menses. For optimal therapy, dosage schedule should be adjusted to meet the needs of the individual patient.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.

DIURIL is a trade-mark of Merck & Co., Inc.

MERCK SHARP & DOHME Division of MERCK & CO., Inc., Philadelphia 1, Pa. 

tension

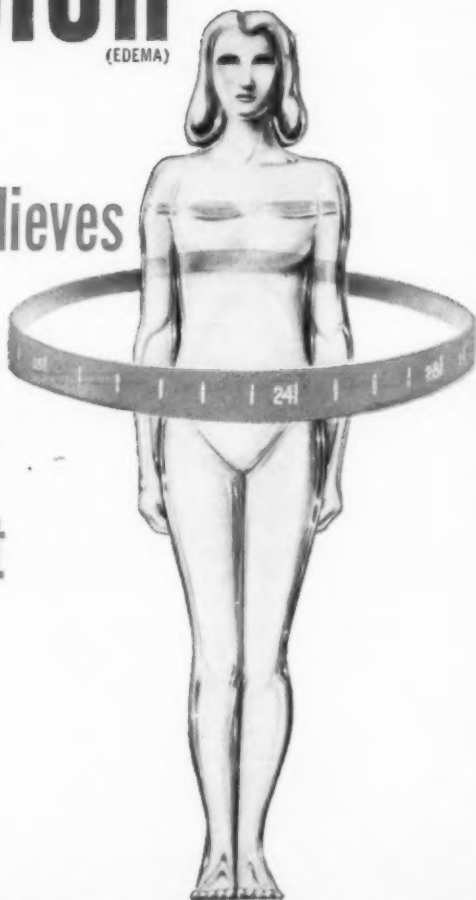
(EDEMA)

quickly relieves

Distress

Distention

Discomfort



ANY INDICATION FOR DIURESIS IS AN INDICATION FOR 'DIURIL'

MEDICAL ECONOMICS • NOVEMBER 10, 1958 185

BLUE CROSS-BLUE SHIELD DISPUTE

the Milwaukee M.D.s added pointedly.

They also cited figures indicating that Blue Cross sales

charges weren't out of line—and that Wisconsin Physicians Service administrative costs *were*. W.P.S. spent 15.6 per cent of its

Keep Your Eye on These Issues

You may find it hard to believe that *your* medical community could ever get involved in a bitter conflict like the one reported here. And yet the conflict involves some basic questions being asked in other states. Watch out for these three:

1. ARE HOSPITAL PEOPLE DOMINATING THE DOCTORS' HEALTH PLANS?

In Wisconsin, according to the state medical society, Blue Cross was charging the doctor-sponsored plan too much for selling its policies; it wasn't pushing the contracts the doctors thought ought to be pushed.

2. WHAT'S THE PROPER DIVIDING LINE BETWEEN BLUE CROSS AND BLUE SHIELD COVERAGE?

Such services as anesthesiology, pathology, and radiology are covered by Blue Cross in some places, by Blue Shield in others. Lacking a satisfactory boundary, both Blue Cross and Blue Shield in Wisconsin ended up selling a complete package (medical, surgical, and hospital coverage) in competition with each other.

3. HOW MUCH STATE REGULATION OF HEALTH PLANS IS DESIRABLE?

"There's too much already," some Blue Cross officials say. They haven't been able to get their premiums increased because of political opposition. But Wisconsin doctors have voted for *more* state supervision over the Blue plans. They think it's a necessary curb on Blue Cross.

You'll find other important issues discussed in the accompanying article. But keep your eye on the three listed above. They can cause an explosive reaction if the control rods are ever pulled out.

and
serv-
ere.
f its

"Yes, Mrs. Johnson,
for Johnnie's cough and cold
I'd recommend..."

CORICIDIN[®] Syrup

Each teaspoonful (5 cc.) contains:

Dihydrocodeinone bitartrate	1.67 mg.
CHLOR-TRIMETON [®] Maleate (chlorpheniramine maleate)	2 mg.
Sodium salicylate	0.225 Gm.
Sodium citrate	0.12 Gm.
Caffeine	30 mg.
Glyceryl guaiacolate	0.03 Gm.

© Exempt narcotic

SCHERING CORPORATION
BLOOMFIELD, NEW JERSEY

CH-4-6118

Schering

BLUE CROSS-BLUE SHIELD DISPUTE

income on overhead, they reported, whereas Surgical Care of Milwaukee was run for 11.3 per cent.

The reason for this return fire? Milwaukee doctors felt strongly that medical men had lost control of the state medical society. And soon they were circulating a thick document in support of their views.

"THE ISSUE IS THE WAY THE STATE MEDICAL SOCIETY IS RUN," the document said. Then it asked a series of charged questions:

The 'Inner Circle'

"How many delegates can recall serious policy decisions that have taxed this House of Delegates? How many delegates feel that the House has become merely a figurehead and rubber stamp for activities of the society carried on by an 'inner circle'?"

"No one will refute the statement that Drs. Steve Gavin and R. G. Arveson are real statesmen of medicine from Wisconsin. Have we asked too much from these men? Can anyone remember when last some other physician was chairman of the Council?"

"What is the role of the secre-

tary of the state medical society? Why is he not an executive secretary, and therefore in the proper category of an employee? What factors . . . led this society to do what no other society in the nation has done . . . elect a layman to membership . . . and as secretary? To whom does he report? Who gives him his orders? . . . Has there been administrative arrogation of power?"

"Is it good policy for a society to employ the legal firm of which its secretary was formerly a partner? Does a conflict of interest exist in this relationship?"

"Who makes the decisions in the state medical society? Who decided that the Blue Cross matter not be referred to the House of Delegates? Not by the greatest stretch of imagination was this an 'administrative detail.'"

Why the Questions?

The point of all these questions was this: Milwaukee M.D.s wanted a study of the state society by an outside managerial consultant. They formally requested it at the May meeting of the Wisconsin House of Delegates. But the upstate delegates, apparently not excited by the

Faster billing brings quicker collections...



Instant Electric Statements save you time, cut your costs

In 4 fast seconds, the all-new, All-Electric "Thermo-Fax" Copying Machine makes an itemized statement right from each patient's account card. This dry process machine makes your monthly billing completely electric... no more hand copying, no more retyping. You make copies without chemicals for as little as 3¢ each. You get faster, simpler, lower-cost billing... and more accurate billing, too, that brings faster payment, fewer questions. Get the facts now on this modern billing system by returning the coupon below.

MINNESOTA MINING AND MANUFACTURING COMPANY

..... WHERE RESEARCH IS THE KEY TO TOMORROW



"Thermo-Fax" is a
3M Company trademark

3M Company, Dept. KX-11108
St. Paul 6, Minnesota

Send full details on Instant Electric
Statements made with the dry process
"Thermo-Fax" Copying Machine.

Name _____

Address _____

City _____ Zone _____ State _____

BLUE CROSS-BLUE SHIELD DISPUTE

thinly veiled accusations, turned down the request.

Then Milwaukee doctors decided they'd have to do something drastic on the health insurance front. Wisconsin people were used to buying health insurance in a package. Because of the separation of state-wide Blue Cross and Blue Shield, they could no longer do so.

Fewer New Members

"All the Blue plans were suffering losses in enrollment," according to Dr. S. A. Morton, president of the Milwaukee

medical society. So he and his Surgical Care colleagues decided to move into the gap:

"Blue Cross had been asking us to expand our geographical area for months. Finally, on May 26, we voted to let them sell Surgical Care in the ten counties around our own."

That started a wild flurry of new health insurance offerings—all of them well outside the insurer's customary field. Within a matter of weeks:

1. Wisconsin Physicians Service was offering *hospitalization* in a rider to its contracts.



Conforms to code for advertising

for
tranquil newborns

THE ONLY INFANT FORMULA
FOOD WITH A GUARANTEED
PHYSIOLOGIC Ca:P RATIO
OF 1½:1

*now available in both
liquid and powdered form*



Bremil®

LIQUID AND POWDERED

2. Blue Cross had organized a new Health Insurance Corporation (quickly shortened to HIC) to sell *medical-surgical* coverage on a cash-indemnity, aim-for-profit basis.

More Competition

3. Surgical Care of Milwaukee decided to go *state-wide*. Since Blue Cross could sell this coverage in combination with its own, it soon deactivated HIC.

At least that clarified the jurisdictional dispute. It was Wisconsin Physicians Service vs. Surgical Care and Blue Cross. Both

sides were selling medical, surgical, and hospital insurance statewide. Wisconsin doctors were on both sides—and caught in the middle.

That's why, on a sunny weekend in late September, the Wisconsin House of Delegates met in special session at Stevens Point. This tiny town had been chosen because it was no man's land in the current war between Milwaukee medicine and upstate doctors. Its only hotel was barely large enough to house the delegates. The Milwaukee doctors chose to live in a motel out

CONVENIENT AND UNIQUE FOR ROUTINE PHYSIOLOGIC FEEDING

Physiologic Ca:P ratio minimizes hyperirritability.

Added methionine inhibits diaper rash.

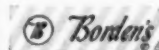
Physiologic carbohydrate (lactose) helps avoid perianal dermatitis.

Virtual freedom from volatile fatty acids and fine emulsion minimize digestive upsets.

Physiologic renal solute load lessens danger of dehydration during stress.

Complete in "metered" multivitamins and carbohydrate.

Standard dilution: Liquid BREMIL 1:1 with water; 1 level measure BREMIL Powdered to 2 fl.oz. hot water. Available at all drug outlets — Liquid BREMIL in 13-fl.oz. tins, 24 to a case; BREMIL Powdered in 1-lb. tins, 12 to a case.



PHARMACEUTICAL DIVISION / 350 Madison Avenue, New York
BREMIL • MULL-SOY • DRYCO • BETA LACTOSE • KLIM

Because OBESITY
can be serious . . .



FO

0

Rx

B
A'S

FOR THE 49 OUT OF 50* WHO ARE
OVERWEIGHT FROM OVEREATING

Rx

BIPHETAMINE®

A 'STRASIONIC' RELEASE ANORETIC

RESIN

10-14 Hour Appetite Curb

with mildly invigorating action, but
without fatiguing surges of stimulation.



Single Capsule Daily Dose

'Strasionic' release is sustained ionic
release proceeding at a uniform, controlled
rate in both stomach and intestines, eliminating
sharp rises and declines in blood levels.

Predictable Weight Loss

Rx Biphetamine capsules containing a mixture of
equal parts of amphetamine and dextro amphetamine
in the form of a resin complex. Three strengths—
Biphetamine 20 mg., 12½ mg., 7½ mg.

*A leading life insurance company statistic.

For Literature and Samples, Write

STRASENBURGH

Originators of 'Strasionic' (sustained ionic) Release

P. J. STRASENBURGH CO., ROCHESTER, N. Y., U.S.A.



BLUE CROSS-BLUE SHIELD DISPUTE

where the tree-lined streets began to give way to farms.

The two groups mixed amiably the first day. The doctors even made fun of their feud. "We're not taking it as bad as those poor fellows in Connecticut," one of them said proudly at dinner.*

But when the House reconvened for a night session, the doctors were ready to get down to brass tacks—or brass knuckles. Just two main possibilities for solving the problem had been presented:

Two Alternatives

First Solution: Let the state medical society run a parent Blue Shield plan. Any county society wanting to run a plan of its own could do so under the supervision of the state society. But since "the lay incumbents" now administering the two competing Blue Shield plans had failed repeatedly to solve their differences, let them be relieved of all "administration and management of such Blue Shield plans."

Second Solution: Make every county society amend its bylaws so that it could not conduct any

operation within the territorial jurisdiction of another county society "unless with the formal consent of that society and with the approval of the state medical society," on pain of revocation of its charter. Maintain just one Blue Shield plan in the state. But let the state society grant franchises to any county society that wanted to run "a branch of the mother plan within that county."

Milwaukee delegates supported the first proposal. The Council of the state medical society supported the second. The reference committee moved toward the middle: It picked the first solution but softened it by leaving out the part about firing lay administrators.

Status Quo?

That satisfied nobody. "The reference committee has emasculated the resolution they recommend," cried one delegate. "The sense of it now is that things should continue exactly as they are."

"We've come all the way up here to settle this thing," another doctor protested. "Let's settle it!"

"The trouble with that Mil-

*See "Blow-Up Over Blue Shield," MEDICAL ECONOMICS, Sept. 1, 1958.

New Milprem-200

a new potency for
greater dosage flexibility
in treating the **menopause**




SUPPLIED: Bottles of 60 tablets.

DOSEAGE: One tablet t.i.d. in 21-day courses
with one week rest periods.

Should be adjusted to individual requirements.

ALSO AVAILABLE: Milprem-400 (400 mg.
Miltown + 0.4 mg. Conjugated Estrogens,
equine) in bottles of 60 tablets.

Literature and samples on request

 **WALLACE LABORATORIES, New Brunswick, N. J.**

*for prompt
relief
from
emotional
and somatic
disturbances
of ovarian
decline*

BLUE CROSS-BLUE SHIELD DISPUTE

waukee bunch is their pride, their damned, bullheaded pride," said a doctor sitting near the press table. And another chimed in: "This is a situation just like the one in Little Rock. One small area is defying the duly constituted authority."

A Legal Problem

Dr. Donald M. Willson, chairman of the Milwaukee delegation, rose to a point of order. "The authority of the state society is supreme in intramedical matters," he agreed, "but not in legal matters. The right to run

our Blue Shield plan was conferred on us by law. A motion to interfere with our running of it would be contrary to the state law and therefore out of order."

Lawyer Crownhart contradicted him. "Another portion of the state law says that a county society cannot adopt regulations contrary to the rules of the state medical society. This is a matter for this House of Delegates to determine."

"This House is not superior to the State Legislature," persisted Dr. Willson.

"That fellow's sure obsti-

in
respiratory
infections NEW

V-KORTM



T
V-K
V-C
Pro
"no
CO
Pro
A.S
Pro
V-Ko
tions
isms
and
Usua
eight
white
ELI

nate," someone said. "After all, Charlie's a lawyer."

"*Sit down!*" The shout echoed from several parts of the hall. Dr. Willson went back to his seat, and soon another Milwaukee M.D. spoke up. Dr. James Sullivan said the Milwaukee Blue Shield plan had gone state-wide because the state medical society's plan was too weak to compete effectively with commercial carriers.

It's Only Temporary

"As soon as we're convinced that W.P.S. is really on its feet

and has recovered from the management error of separating from Blue Cross," he promised, "we'll go back inside our own boundaries."

Charlie Crownhart requested the floor to speak in rebuttal. He spoke for seventeen minutes, winding up with:

"Wisconsin Physicians Service is in the black. Surgical Care and Blue Cross are not in the black. I think that proves we are operating effectively, even in a period of emotional competitive activity. Milwaukee is assisting Blue Cross in a planned pro-

Therapeutic trio™ brings rapid relief

V-Kor combines in a single tablet:

V-CILLIN® K—destroys bacterial invaders

Provides higher blood levels than any other oral penicillin; there are no "nonabsorbers."

CO-PYRONIL™—relieves congestion

Provides quick and prolonged antihistaminic action plus vasoconstriction.

A.S.A.* COMPOUND—controls fever and pain

Provides analgesia and antipyresis.

V-Kor is valuable in acute respiratory infections. It quickly eliminates susceptible organisms and controls symptoms. Rapid recovery and patient comfort are well assured.

Usual adult dosage is 2 tablets every six or eight hours. Supplied as attractive green-white-yellow tablets.

V-Kor™ (penicillin V potassium compound, Lilly)

V-Cillin® K (penicillin V potassium, Lilly)

Co-Pyronil™ (pyrrobutamine compound, Lilly)

A.S.A.* Compound (acetylsalicylic acid and acetophenetidin compound, Lilly)



ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

831011

for normal, healthy, comfortable pregnancies



PHOSPHORUS-FREE, HIGH-POTENCY
DRY-FILL* CAPSULES WITH "BUILT-IN"
ANTIANEMIA FACTORS

now with **FLAVINOL**
33.3 mg. per capsule

Walker LABORATORIES, INC., MOUNT VERNON, N. Y., U. S. A.

gram, the objective of which seems to be: *Rule or ruin!*"

Secretary Crownhart sat down to a round of applause. But Dr. Robert Purtell cut into it with these biting words:

"Our hired lay secretary has just completed seventeen minutes of oratory. May I request ten or twelve minutes of this House's attention?"

An embarrassed hush fell over the room. Dr. Purtell went on: "I am a member of the Blue Cross board. I have watched this fratricidal strife that has pitted doctor against doctor for eighteen years. This is a personal family vendetta.

'Killed His Brother'

"It's been said by our hired lay secretary that Blue Cross killed his brother.* I have two dead brothers. I submit that Mr. Crownhart's brother, like my two brothers, was taken by Divine Providence. I'm sick and tired of hearing Blue Cross blamed for everything!"

There were murmurs from the chair, but Dr. Purtell continued.

"Organized medicine, under

*George Crownhart, previous secretary of the Wisconsin State Medical Society, died of a heart attack in 1941, two years after a medical society altercation with Blue Cross.

the leadership of the two Crownharts, has done everything possible to disrupt and undermine Blue Cross. Why was the House of Delegates bypassed last May when the dissolution of the agreement with Blue Cross was in progress? I was told by members of the Council that it was done because the delegates wouldn't have understood the problem.

Resignation Invited

"The secretary secured approval of his strategy by telling a series of falsehoods. I say the greatest boon the secretary could offer Wisconsin medicine would be to resign!"

The House found its voice after a moment of shocked silence. A chorus of "Boos!" rang out. Dr. Purtell went back to his seat.

There didn't seem to be any answer to Dr. Purtell's speech. Some time after midnight, Dr. George Collentine Jr. of Milwaukee put the general feeling into these words:

"I think it's clear to everyone here that this dispute will be decided by a vote of 57 to 24. It's obviously the will of this House that Surgical Care withdraw

Patient J. I.
Duodenal Ulcer
before PATHIBAMATE



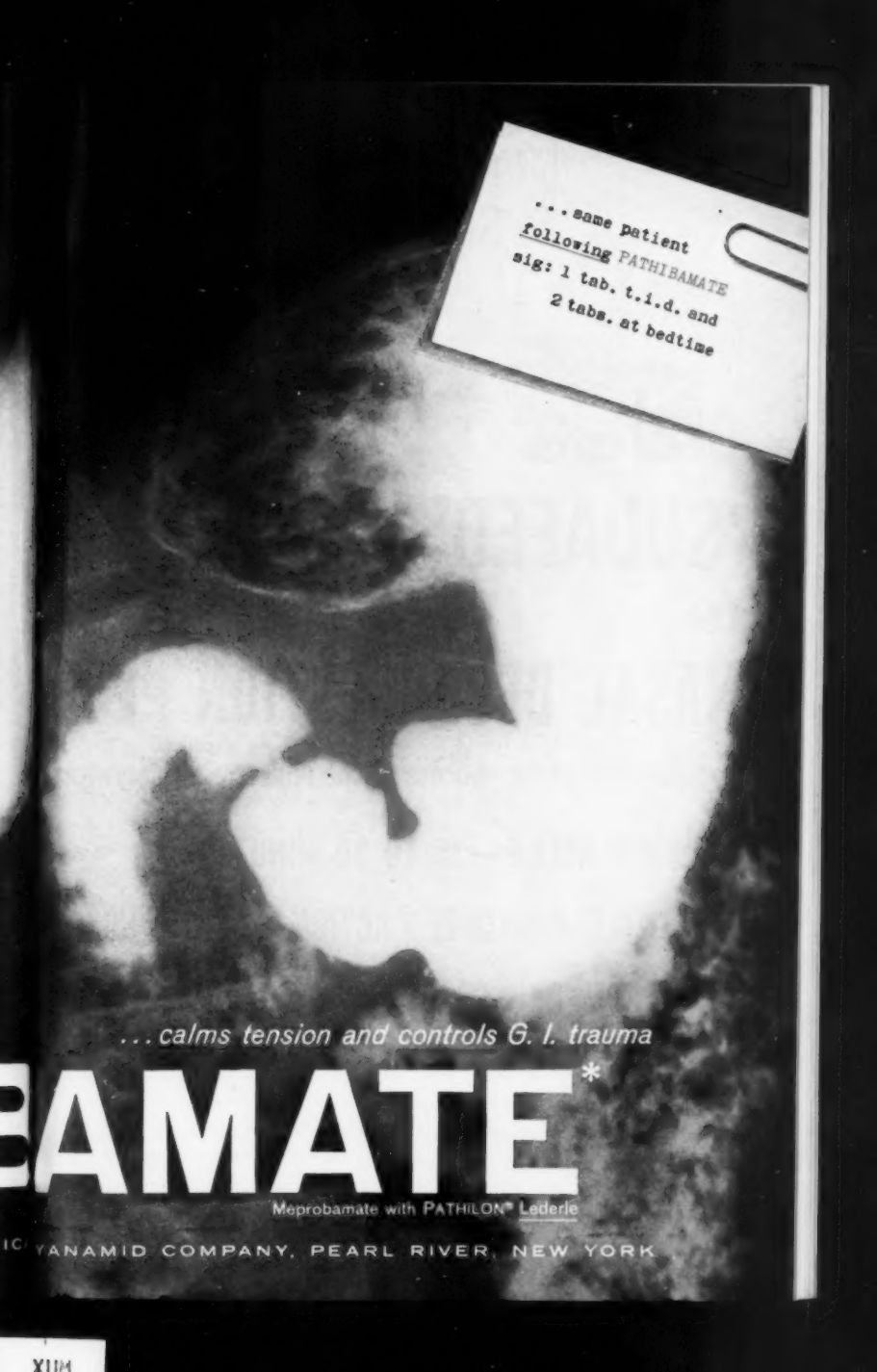
PATHIBAMATE



LEDERLE LABORATORIES DIVISION, AMERICAN ANA

*Trademark

®Registered Trademark for Tridihexethyl Iodide Lederle



...same patient
following PATHIBAMATE
sig: 1 tab. t.i.d. and
2 tabs. at bedtime

...calms tension and controls G. I. trauma

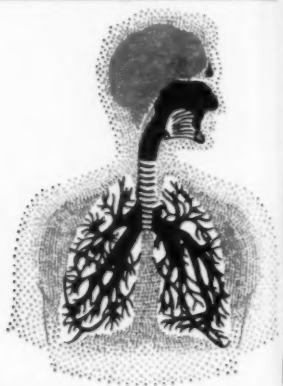
PATHIBAMATE*

Meprobamate with PATHILON® Lederle

© 1964 YANAMID COMPANY, PEARL RIVER, NEW YORK

NOW—pleasant-tasting
'SUDAFED'® SYRUP
brand

oral 
'SUDAFED'®
 for



NASAL DECONGESTION PLUS

decongestion of the mucosa of the entire respiratory tract

- QUICK RELIEF—15 TO 30 MINUTES
- GENTLE, PROLONGED ACTION—4 TO 6 HOURS
- SELDOM CAUSES CENTRAL STIMULATION

dosage for adults: 60 mg., 3 or 4 times daily

children —4 mos. to 6 yrs.: 30 mg., 3 or 4 times daily

'Sudafed' brand Pseudoephedrine Hydrochloride Tablets—30 mg. sugar coated, 60 mg. scored
 Syrup—30 mg. per 5 cc. teaspoonful



BURROUGHS WELLCOME & CO. (U. S. A.) INC., Tuckahoe, New York

BLUE CROSS-BLUE SHIELD DISPUTE

from the state or that the two plans merge. It's late. We're all tired. Let's convene in the morning for the vote. Nothing we're saying now is going to change anyone's mind."

For the first time that night, a Milwaukee man was applauded.

Who Won

When the House reconvened the next morning, the vote went just about as young Dr. Collentine had predicted. It was a roll-call vote of 55 to 22, with four men not voting.

Thus, on Sept. 27, the Wisconsin House of Delegates issued an ultimatum to Milwaukee doctors to amend their bylaws so that they could not conduct any operation outside their county without formal consent and approval. They gave them a deadline of Jan. 1.

They further required that Wisconsin Physicians Service be the only Blue Shield plan in the state. The only place for Surgical Care would be as "a branch of the mother plan," operating within its own county. (No one bothered to argue that the "branch" was three years older and nearly 100,000 contracts bigger than "the mother.")

It was at this point that Dr. Jerry Fons of Milwaukee, current president of the state society, asked for the floor. By resigning his office, he at least gave Milwaukee men the last formal word. It was just about all they did get.

But there were informal words aplenty as the Milwaukee doctors rolled toward home in a big chartered bus with bar and bathroom. They sang "On Wisconsin" and old German songs to the accompaniment of Dr. William J. Egan's accordian. A Milwaukee Sentinel reporter sat up front, pecking at a portable typewriter.

They Expected It

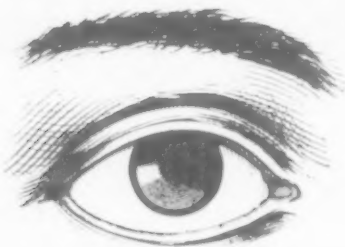
"We weren't surprised we got clobbered," said one Milwaukee doctor. "Crownhart had been stumping the state, exploiting the natural city-country rivalry. We expected to be licked in this round. But our legal counsel says we're within our legal rights. They can take us to court if they want to, but they can't win."

And that's how things are in Wisconsin, the placid-looking land of unpredictable extremes that produced the LaFollettes and McCarthy.

END

'I'm a family doctor,' says this specialist. 'My patients are varied, and so is my work. The night call after a tough day is rare.'
Here's his claim for ophthalmology:

'It's the Perfect Specialty!'



BY MALCOLM A. McCANNEL, M.D.

A couple of years ago, MEDICAL ECONOMICS made a study of career satisfaction among specialists. Only 63 per cent of the pediatricians it surveyed said they'd choose their specialty again if they were starting over. Reading toward the top of the list, I note that 78 per cent of obstetricians said they'd pick the same field again; 81 per cent of

surgeons; 82 per cent of internists; and 85 per cent of psychiatrists.

Actually, there's one specialty that would rate close to 100 on this satisfaction scale. It wasn't included in the aforementioned survey because it isn't one of the five largest. But it's the best—at least in its practitioners' almost unanimous view. Let me give

TWO NEW PARAFLEX* PRODUCTS

FOR RHEUMATISM AND TRAUMATIC DISORDERS

PARAFON*

THE SPECIFIC MUSCLE RELAXANT PLUS
THE PREFERRED ANALGESIC

FOR ARTHRITIS

PARAFON*
with PREDNISOLONE

Effective and well tolerated on the practical dosage of only 5 tablets daily,
PARAFON and PARAFON WITH PREDNISOLONE provide benefits that last for up to six hours.
PARAFON relieves pain, stiffness, and disability caused by rheumatism and traumatic
disorders; PARAFON WITH PREDNISOLONE compounds this relief with anti-inflammatory
action in treatment for arthritis.

Supplied: PARAFON: Tablets, scored, pink, bottles of 50. Each tablet contains:
PARAFLEX Chlorzoxazone† 125 mg.; and TYLENOL® Acetaminophen 300 mg.

PARAFON WITH PREDNISOLONE: Tablets, scored, buff colored, bottles of 36.
Each tablet contains: PARAFLEX Chlorzoxazone 125 mg.;
TYLENOL Acetaminophen 300 mg.; and prednisolone 1.0 mg.

Precautions: The precautions and contraindications that apply to all steroids should
be kept in mind when prescribing PARAFON WITH PREDNISOLONE.

©1966-McNEIL P.D. PATENT PENDING

McNEIL

McNeil Laboratories, Inc. • Philadelphia 32, Pa.

00000

'IT'S THE PERFECT SPECIALTY!'

you eighteen practical reasons why:

1. *The ophthalmologist has patients in every age group.*

Children can be a challenge, fun, and gratifying; but so can geriatric patients. The ophthalmologist sees them all. If he wants, he can even make appointments to see the children on one day, senior citizens on another, and mixed presbyopes on a third.

Bisexual Practice

2. *He treats both sexes.*

Ladies can be quite charming. But contemplating a day of practice with *only* the distaff side makes me blench. By the same token, I'd dislike a post in military medicine, where I might have to treat men all day long.

3. *He practices both medicine and surgery.*

Diagnostic problems in ophthalmology are as varied as you'll find in any specialty today. And ophthalmic surgery is precise, gentle, and fast. Few procedures take over an hour. The surgery is primarily a solo performance, with its greater responsibility and its concomitant salve to the ego. A good result seems personally rewarding. Re-

moval of a cataract usually restores vision. A strabismus operation may eliminate a neurotic sense of inadequacy. We often get to see the happy results of our work.

4. *Ophthalmology is clean.*

You'll encounter very little smell, dirt, or other unpleasantness in my specialty—in contrast to most.

5. *Ophthalmology is exact.*

By the time an examination is finished, eye men generally know just what they're dealing with. The patient's pocketbook hasn't suffered materially because of X-rays or complicated lab tests. Our subject of study is directly before us. We can proceed in an orderly, logical manner to evaluate each patient's difficulty.

No Isolation for Him

6. *The ophthalmologist is in touch with day-to-day living.*

One of my pediatrician friends tells me that the very nature of his practice denies him a chance to find out what's going on in the community. In ophthalmology, the patients come in different sizes and types, so you get the feeling that you have your finger on the pulse of local politics, the construction that's under way

THE DIETENE COMPANY

Minneapolis 26, Minn.

ME-11103

Please send me free a retail size 1 pound can (regularly \$1.98) of Instant Meritene and your new literature on prescribing food for treatment.

Name _____

Address _____

City _____ Zone _____ State _____

DOCTOR...

THIS COUPON BRINGS YOU

a new approach to

PRESCRIBING FOOD FOR TREATMENT

MERITENE is a concentrated form of protein food prescribed when ordinary foods must be supplemented.

- In debilitation
- In stress conditions
- In ulcers and other special diets
- In total liquid feedings

Concentrates high nutrition in a small volume.



Instant

Meritene®

The good-tasting protein-vitamin-mineral supplement

A PRODUCT OF

THE DIETENE COMPANY

The house of good-tasting protein products

Analysis per 100 grams: 365 calories; 33 gm. protein; 0.2 gm. fat; 58.4 gm. carbohydrate; 15 mg. iron; 1 gm. calcium; 7000 IU vit. A; 2.4 mg. thiamin; 4.3 mg. riboflavin; 22 mg. niacin; 80 mg. ascorbic acid; 550 IU vit. D.



I'd rather have a toothache



glasses even hurt my nose



they talk about sinus but



my hat weighs 50 pounds



throbs most when I bend over



throbs all day, could explode

re

S

NOW
HEAD
PRESO
PAIN,
PRESO
PATIE
FOR Y
"...H

WA
CHI

HORRIS

resolve sinus headache

new Sinutab*

NOW YOU CAN RESOLVE SINUS HEADACHE WITH A SINGLE NEW PRESCRIPTION. SINUTAB ABORTS PAIN, DECONGESTS, RELIEVES PRESSURE AND RELAXES THE PATIENT. PRESCRIBE SINUTAB FOR YOUR NEXT PATIENT WHOSE "...HAT WEIGHS 50 POUNDS."



AVERAGE DOSAGE: *Adults:* Two tablets every four hours. *Prophylactically,* one tablet every four hours. *Children 6 to 12 years:* one-half adult dosage.

SINUTAB IS: N-acetyl-para-amino-phenol, 150 mg.; Acetophenetidin, 150 mg.; Phenylpropanolamine HCl, 25 mg.; Phenyltoloxamine Dihydrogen Citrate, 22 mg. SUPPLIED: bottles of 30.



MORRIS PLAINS, N. J.

®TRADEMARK

'IT'S THE PERFECT SPECIALTY!'

down the street, the program at the high school last night, etc.

7. *Ophthalmology is basically an office practice.*

The eye doctor is far less at the mercy of the changing floor nurses than are his hospital-oriented colleagues. Since he spends the greater part of his working day in the office, he has a real incentive to plan, furnish, and decorate it. He can make it a pleasant environment for efficient work.

8. *The ophthalmologist feels needed by other specialists.*

Ophthalmology serves more branches of medicine than any

other specialty does. Hardly a week goes by that I don't see a patient with a chronic headache, sent by a neurologist; a cross-eyed child referred by a pediatrician; the internist's patient with a metabolic ailment; or some other colleague's referral. The base is so broad that no colleague has ever raised the ogle of fee splitting with me.

9. *My colleagues and I are literally family doctors.*

Not every specialist can say that. After our orthopedist friend sets Junior's wrist or nails Grandma's hip, and the bones knit, he usually has no further



"'Like hell' is a bit general . . . specifically, how do you feel?"



ROCHE

a pioneer in antimicrobial therapy

now presents

MADRIBON

a new development

in the control of systemic infections

particularly those of the respiratory tract.

MADRIBON

introduces new standards

of effectiveness and tolerance

characterized by

rapid, prolonged blood levels

and a basically different metabolism.

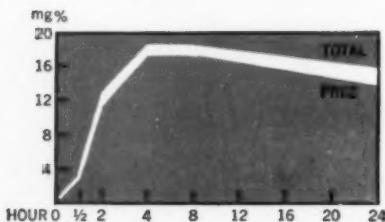
new MADRIBON



a superior chemotherapeutic agent

Rapid, prolonged blood levels

a characteristic of Madribon, assure prompt response and greater convenience of dosage.



Average blood level after administration of a single 2 Gm dose of Madribon.

Excreted differently

Madribon differs from all previously known chemotherapeutic agents in that it is metabolized mostly as a glucuronide.

Glucuronide conjugate accounts for approximately 80 per cent of Madribon urine level.

Already proved in 5000 patients



Each symbol represents 25 cases

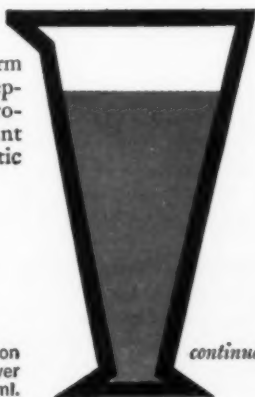
good or excellent response

poor response

side effects

Highly soluble

The glucuronide form of Madribon is exceptionally soluble—providing an important margin of therapeutic safety.



Solubility of Madribon
in the urine: over
2000 mg/100 ml.



continued on next page ►

new

MADRIBON

is realistic therapy

Especially for "u.r.i." Madribon shows marked activity against a wide spectrum of gram-positive and gram-negative pathogens. Its greatest benefit, however, may well lie in the treatment of upper respiratory infections.

*"The use of Madribon was very simple and there were no side effects or toxic reactions."** Incidence of side effects (such as nausea or dizziness) to date is only 1.3% in more than 5000 Madribon-treated patients.

Usual Dosage: ADULTS: 2 tablets initially followed by 1 tablet daily thereafter.

CHILDREN:	Initially	Every 24 hours
20 pounds	1 teaspoonful	½ teaspoonful
40 pounds	2 teaspoonfuls	1 teaspoonful
80 pounds	4 teaspoonfuls	2 teaspoonfuls

Therapy should be continued for 5 to 7 days or until patient is asymptomatic for at least 48 hours. The above dosage should be doubled for severe infections requiring more intensive therapy.

Packages: TABLETS: 0.5 Gm, double scored, monogrammed, gold colored—bottles of 30, 250 and 1000.

SUSPENSION: 0.25 Gm/teasp. (5 cc), custard flavored—bottles of 4 oz and 16 oz. MADRIBONTM—2,4-dimethoxy-6-sulfanilamido-1,3-diazine

in systemic
infections,
particularly
those of the
upper
respiratory
tract

- wider spectrum
- safer
- more convenient
- economical

*W. A. Leff, Paper read at the New Jersey Chapter of the Am. Fed. Clin. Res., Newark, Sept. 17, 1958.



ROCHE LABORATORIES • Division of Hoffmann-La Roche Inc • Nutley • N. J.

'IT'S THE PERFECT SPECIALTY!'

contact with the family. But ocular needs stay with a person all his life. So the eye man gets to know sisters, brothers, grandparents, aunts, and uncles, as well as newborn babies. He follows the family as its members grow up and go away to school, take new jobs, marry, and have their own children.

The G.P.'s Friend

10. We get along well with general practitioners.

The oculist rarely steps on the general practitioner's toes. Many family doctors do their own refractions, and this is all to the good. Here the ophthalmologist can act as a consultant. Or else the G.P. may simply ask the ophthalmologist to "take over the family's eye needs."

11. We retain personal supervision of our patients.

Few specialists have as complete control over the patient's preoperative orders and his postoperative management as ophthalmologists do. There are very few poorly handled surgical cases to salvage (unless, of course, one reaches the enviable position of being a consultant to other oculists).

12. Ophthalmology isn't a so-

cially taboo topic of conversation.

No one's ashamed of his need for glasses. If, during a routine physical examination, a G.P. says, "I'm going to send you to an eye doctor," the patient takes it in his stride. Doctors themselves all realize how firmly established our specialty is. After all, the American Board of Ophthalmology was the first to come into being, decades ago.

13. The ophthalmologist keeps regular hours.

The wearying night call after a tough day is rare. Even the patient with a chronic degenerative eye disease and disabling loss of vision is usually ambulatory and can come to the office on his own. The occasional eye ailments that require immediate treatment in a hospital are always interesting enough to compensate for the trouble.

It's Interesting

14. He has little reason to get depressed or bored with his work.

Some specialists handle so many diseases of unknown etiology and uncertain prognosis that their work is depressing. Other doctors deal with such a

'IT'S THE PERFECT SPECIALTY!'

bulk of inconsequential complaints that they're beset with ennui. The work that comes the way of an ophthalmologist seems to strike a happy balance between those extremes.

15. He can locate where he likes.

Ophthalmology can easily be practiced in most communities that are too small to support any other specialty. Because there's a shortage of well-qualified eye men, a town of almost any size can take one in and provide him with a good living.

Opportunities Ahead

16. Ophthalmology has a great future.

New avenues have opened up for our specialty in the last ten years. New techniques and instruments—electromyography, radioisotopes, therapeutic adjuncts such as steroids, tranquilizers, and antibiotics—have changed the face of ophthalmology. Electroretinography, tonography, and qualitative perimetry too are fast-growing fields.

17. Ophthalmologists get along well with one another.

Our specialty's societies and study groups throughout the na-

tion are known for their sociability. Other specialty groups are copying the American Academy of Ophthalmology and Otolaryngology's idea of an annual meeting combined with post-graduate courses.

Some wit has suggested that we ophthalmologists are so comradely together because we're making inroads into the optometrists' appointment books rather than into one another's.

They're Not Too Busy

18. It's easy for us to limit our workload.

If an older ophthalmologist wants to cut down his work, or if a tremor or some other condition makes surgery impractical, he can still keep his hand in by doing office work only. It's easier for us than for most specialists to taper off and run by appointments the amount of work we want.

It's Ideal

In view of all the points I've made, you can surely see why I'm convinced that ophthalmology's contentment ratio is the highest. A doctor can't go wrong if he follows the precept: "Be wise. Choose the eyes." END

Pyribenzamine[®] EXPECTORANT breaks up cough

even persistent cough



Patient, factory worker, age 43, had suffered for months with persistent, dry cough, which he termed "smoker's hack."

Cough frequently interrupted his sleep, causing him to be nervous, irritable; his job efficiency was impaired.



Chest X-ray was negative and the plant physician prescribed PYRIBENZAMINE EXPECTORANT with Ephedrine. Patient noticed almost immediate relief—a week later felt "considerably better."

Pyribenzamine Expectorant with Ephedrine provides a unique combination of antitussive agents, which work three ways at once to break up the persistent cough: *Pyribenzamine* relieves histamine-induced congestion throughout the respiratory tract; *ephedrine* relaxes the bronchioles and makes breathing easier; *ammonium chloride* liquefies mucus, relieving dry cough and promoting productive expectoration.

Supplied: Pyribenzamine Expectorant with Ephedrine, containing 30 mg. Pyribenzamine citrate (equivalent to 20 mg. Pyribenzamine hydrochloride), 10 mg. ephedrine sulfate and 80 mg. ammonium chloride per 4-ml. teaspoon.

Also available: Pyribenzamine Expectorant with Codeine and Ephedrine, same formula as above with the addition of 8 mg. codeine phosphate per 4-ml. teaspoon (exempt narcotic).

Pyribenzamine[®] citrate (tripelennamine citrate CIBA)

2/2059MK

C I B A
SUMMIT, N. J.



To counter iron deficiency anemia in infants, due either to prematurity or to rapid growth, three intramuscular injections of IMFERON supply the iron requirement for the first year of life.¹

"IMFERON has the advantage of easy and safe administration; treatment is completed in a few days and is not influenced by feeding problems."²


Imferon®

INTRAMUSCULAR IRON-DEXTRAN COMPLEX

(1) Sturgeon, P.: Pediatrics 18:267, 1956. (2) Wallerstein, R. O., and Hoag, M. S.: J.A.M.A. 164:962 (June 29) 1957.

Supplied: 2-cc. and 5-cc. ampuls, boxes of 4. Physician's directions in every box. There are 50 mg. of elemental iron per cc. Request Brochure NDA 17, Imferon.

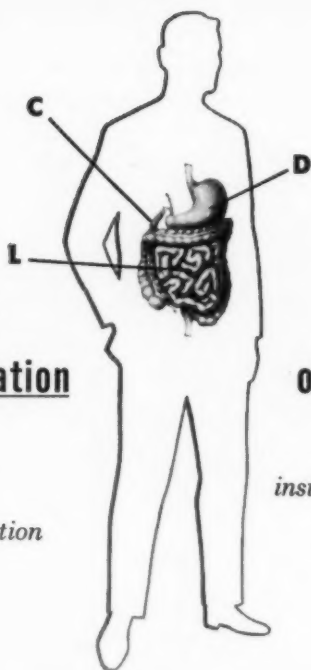
IMFERON® is distributed by Lakeside Laboratories, Inc. under license from Bengel Laboratories, Limited.

 **LAKESIDE**

22577-2

relieve
the
symptoms
of constipation

*headache
malaise
gas and distention
bad breath
anorexia*



treat
the
causes
of constipation

*faulty digestion
insufficient flow of bile
poor muscle tone
irregularity*

Caroid and Bile Salts tablets help correct:

Faulty digestion — The enzyme, Caroid, improves protein digestion up to 15%.

Insufficient flow of bile — Bile salts increase the flow of bile to maintain normal water balance in the colon for soft, well-formed stools — and to improve fat digestion.

Poor muscle tone — Two gentle laxatives working synergistically provide mild stimulation of the upper and lower bowel.

Irregularity — Caroid and Bile Salts with its (D) digestant (C) choleretic (L) stimulant laxative action encourages normal daily bowel function.

AMERICAN FERMENT COMPANY, INC. • 1450 BROADWAY, NEW YORK 18, N. Y.

CAROID® and BILE SALTS TABLETS SAMPLES ON REQUEST

make it a routine practice to have only "regular" patients



How Well-Managed Is Your Practice?

*This self-test will help you
evaluate your professional and
business equipment. It's the
sixth quiz in this series*

By Horace Cotton

In surveying more than 100 medical practices in ten states, I found there was one sure tip-off to the doctor's attitude toward medical office efficiency. That was the age of his professional and business equipment.

If the equipment was pretty new throughout, the doctor almost invariably turned out to be keenly interested in doing the most for his patients with the least waste motion.

If the equipment was pretty old, it indicated the doctor didn't much care about putting time, money, and profes-

THE AUTHOR heads his own professional management firm, which has headquarters in Southern Pines, N.C., and offices in major cities throughout that state.

The Mentally Ill Can Come Back



Modern treatment can save them!
Help the thousands needlessly
confined in our mental hospitals!

Give... LOCALLY TO THE
NATIONAL ASSOCIATION
FOR MENTAL HEALTH

PRACTICE MANAGEMENT

sional skill to the best possible use.

In this self-test, I won't ask you about the age of your equipment. But I will say this: When you've depreciated something off the books, it's time to think about buying a new one.

The old one works fine, you say? Maybe so. But it's a fair bet that today's model is better. And don't imagine, Doctor, that your patient doesn't know the difference between your old examining table and the more modern job in that other office down the road. Why risk having your out-of-date equipment tag you as an out-of-date physician?

Now for four questions that get down to specifics. Ready with a pencil? Here's the first:

1. Do you have all the examining-room equipment you can use?

Yes ☐

No ☐

Not sure ☐

If your answer is "Yes," think twice. Are your examining rooms identically equipped, so that instruments don't have to be carried from one room to another when you need them?

Don't let cost stop you. It may cost \$1,000 per examining room—but that's less than \$10 a



harmful cough — 6 to 8 hours with one timed-release tablet

A single, easily-swallowed Tussaminic tablet provides decongestion of the upper respiratory tract, non-narcotic control of the cough reflex center and effective expectorant action.

Nasal and paranasal congestion associated with cough is relieved by the oral respiratory decongestant action of Triaminic*. Non-narcotic antitussive action is provided by Dormethan, as effective as codeine but without codeine's drawbacks. The classic expectorant, terpin hydrate, helps augment the flow of demulcent respiratory fluids.

Each TUSSAMINIC Tablet provides:

TRIAMINIC® 100 mg.
(phenylpropanolamine HCl 50 mg.;
pheniramine maleate 25 mg.;
pyrilamine maleate 25 mg.)

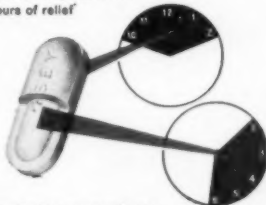
Dormethan (brand of dextromethorphan
HBr) 30 mg.

Terpin hydrate 300 mg.

Dosage: One tablet in the morning, mid-afternoon and at bedtime. The tablet should be swallowed whole to preserve the timed-release action.

how TUSSAMINIC timed-release tablets provide 6 to 8 hours of cough relief

first — the outer layer disintegrates
in minutes to provide 3 to
4 hours of relief



then — the inner core releases
its ingredients to provide
3 to 4 more hours of relief

Tussaminic *timed-release tablets*

for relief from harmful cough "around the clock"

On one tablet — the patient
can work all day

On one tablet — the patient
can relax all evening

On one tablet — the patient
can sleep all night

*Triaminic will  running noses  and open stuffed noses orally

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska • Peterborough, Canada

MEDICAL ECONOMICS • NOVEMBER 10, 1958 223

HOW WELL-MANAGED IS YOUR PRACTICE?

month when depreciated over the life of the equipment. You come out ahead if the extra equipment lets you handle three additional office visits per month without additional effort.

If you checked "No" or "Not sure," just consider this: You're handicapping yourself as a physician if you don't have all the tools you need (which isn't the same as all the tools that arouse your interest in the catalogue).

I do *not* suggest that every fledgling G.P. should buy all the items a persuasive salesman has to offer. But I do say that doing

without a piece of equipment you need, solely because of its cost, can be the worst kind of economy. Economy doesn't mean *not* spending; it means *wise* spending.

2. Do you have all the special professional equipment you can use?

- Basal metabolism machine ☐
- Diathermy/ultrasonic . . . ☐
- Electrocardiograph ☐
- Laboratory equipment . . ☐
- X-ray/fluoroscope ☐

You're the judge of whether the

R_x Alertonic



THE W. S. MERRELL COMPANY
New York • Cincinnati • St. Thomas, Ontario
Another Exclusive Product of Original Merrell Research

WITH THE FIRST DAY'S DOSE
you'll see renewed vitality—even before you notice the "tonic" effect of ALERTONIC vitamin-mineral supplementation.

TRADEMARKS: "ALERTONIC," MERATRAN

above items would be useful in your practice. If any would be, and if you didn't check the box, why not? Not trained to use the equipment? Then maybe you ought to consider getting yourself trained.

This doesn't mean you're ever justified in installing the equipment of a specialty for which you cannot be properly trained. That's bad management as well as bad medicine.

But if (to cite an actual case) the possession of a \$100 cast saw would save half an hour of your office time whenever you

used it, as compared with the chip-and-hack method, you'd be foolish to do without it. I know that a cast saw isn't anything like an X-ray machine, but it makes the point just as well.

3. How are you fixed for basic business equipment?

- Manual typewriter(s) . . . ☐
- Electric typewriter(s) . . . ☐
- Manual adding machine ☐
- Electric adding machine ☐
- Dictating equipment . . . ☐

Machines cost less than man-hours or woman-hours. If you lack some of the business ma-

Electronic

SE...BRIGHTEN THE OUTLOOK

you
hin-
ALERTONIC alerts the listless, blue patient, brightens his outlook fast, contains a safe, effective psychic energizer.*

ATRA9
description only. One tablespoon t.i.d. Professional literature and samples on request. Write Dept. AT

...NOURISH THE BODY

Supplementary B-vitamins and minerals give a needed lift to poor appetite and metabolism.

*Alerton—Merrell's subtle-acting, safe alerting agent

meet Chicago ... titan of the



In Chi
nation
It is cr
ways, a
is a cen
in ever-

From th
tower in
world's
est grain
and pri
and ste
cars and
was the

Yet Ch
of the

The Ch
Museum
as Chic
of con
spoken
spere
twenty
Lake M

"The
Windy

Chicago
climate
ence th
lake in
not to
their w

But do

In Chic
—you'll
decong
is blan
virtuall
supplie
gest th
form f
colds o
States

nasal pat

T

Nasal Sp
Nasal Sp
Pediatric
with cal

Note: As
systems,
and in m
of child
Prize N
one in ch
nasal spr
covered in

PRIZER
Glenview, IL

ne

In Chicago one feels the pulse of the nation's industry

It is crisscrossed by transcontinental railways, airways, and superhighways. Lakeport and seaport, it is a center around which trade and commerce move in ever-widening circles.

From the ashes of the great fire of 1871 arose this towering city of steel and stone. Chicago is the world's outstanding meat packer, home of the largest grain and livestock markets, and of a publishing and printing empire. From its factories pour iron and steel, machinery, electrical equipment, railroad cars and equipment, chemicals and textiles. Chicago was the scene of pioneer work in atomic fission.

Yet Chicago is renowned, too, as a center of the arts and other cultural pursuits...

The Chicago Symphony, the Art Institute, the Museum of Natural History, and such universities as Chicago, De Paul, and Loyola. Chicago is a city of contrasts... more than forty languages are spoken here... beautiful parks and gardens intersperse acres of industrial installations... and over twenty miles of fine beaches frame the shores of Lake Michigan.

"Windy City" with good reason

Chicago has long been known for its extremes of climate and rapid temperature changes. To experience those cold slashing winds roaring in from the lake in late fall or winter is to remember them... not to mention the head colds that may follow in their wake.

But don't worry about nasal congestion

In Chicago—as in other cities throughout the nation—you'll find an ample supply of TYZINE, the nasal decongestant for quick, long-lasting action. TYZINE is bland, entirely free from taste or odor, and with virtually no sting, burn, or rebound congestion. It's supplied in three convenient dosage forms. We suggest that you try TYZINE in the appropriate dosage form for your patients' nasal congestion due to colds or allergy. At this time, in most of these United States you're likely to run into this complaint—often.

nasal patency in minutes for hours

Tyzine®

brand of tetrahydrozoline hydrochloride

Nasal Solution, 1 oz. dropper bottles, 0.1%
Nasal Spray, 15 cc., in plastic bottles, 0.1%
Pediatric Nasal Drops, in 1-2 oz. bottles, 0.05%,
with calibrated dropper.

Note: As with certain other widely used nasal decongestants, overdosage may cause dryness of the nose and in infants and young children. KEEP OUT OF REACH OF CHILDREN OF ALL AGES. TYZINE Nasal Spray and TYZINE Nasal Solution, 0.1%, are not recommended for use in children under six years. When using TYZINE Nasal Spray in the pediatric dosage, it should be administered only to the nostril opposite the hand.

Pfizer

PFIZER LABORATORIES, Brooklyn 6, New York
Sole U.S. Mfrs., Pfizer & Co., Inc.

PRACTICE MANAGEMENT

chines listed above, you're not getting the work-output per employee-hour that you're paying for.

Is It Modern?

Do you have manual business equipment in your office? Take a close look at it. That ten-year-old typewriter, perhaps—they make better ones now. And that ancient hand-cranked adding machine—the new lightweight electrics cost less than you paid for Old Faithful, and they make the job go faster.

Are new business machines really worth the money? Well, consider dictating equipment. Let's assume that at present you dictate letters to your secretary, who takes them down in shorthand and later transcribes them on her typewriter. Let's say you pay your girl \$3,500 a year, which amounts to almost \$68 per week.

Save by Spending

Dictating-transcribing equipment with accessories will cost you about \$800. If, by using such equipment, *eleven minutes a day* of your girl's time can be transferred to other useful work, the machines are paying for themselves. If the saving is twelve minutes a day, the ma-

BREAKTHROUGH IN DIABETES

BREAKTHROUGH FOR THE PATIENT

BREAKTHROUGH FOR THE PHYSICIAN

BREAKTHROUGH FOR METABOLIC INVESTIGATORS

Upjohn

THE UPJOHN COMPANY
KALAMAZOO, MICHIGAN

®TRADEMARK, P.D. U. S. PAT. OFF. - TOLUTAMIDE

0
Freed
needle
freed
worry
reactio
look fo
of life
order
pharm
For th
diagno
commi

"Orina
group.
ity of
manag
associa
stabil
from
shock.
and ca

It has
presen
Orina
utiliza
norma
results
metabo
logic
More
have c
of Ori
release
of end

THE ORINASE EPOCH

Freed from the encumbrances of needle syringe and sterilization, and freed from the tensions caused by worry about potential hypoglycemic reaction, the patient on Orinase can look forward to a more normal type of life in which his metabolic disorder is not complicated by the paraphernalia of injection.

For the newly discovered patient, the diagnosis of diabetes is no longer a commitment to a long sentence of

injections. Families of diabetics can now assume a more normal way of life, unimpeded by social and economic disabilities and the personal demands of the metabolic invalid. This new era has opened for the majority of diabetics. Those most responsive have had onset of diabetes after 40 years of age and, if on insulin, generally require less than 40 units daily.

"Orinase-responsive" patients, as a group, usually enjoy a superior quality of control. With Orinase, the management of diabetes is smoother, associated with a feeling of greater stability and well-being, and free from the danger of hypoglycemic shock. Patients are more cooperative and can assume occupations from

which hormonal therapy might disqualify them.

New diabetics are easier to indoctrinate and to manage. Mild diabetics, who either personally object to insulin or whose diabetes is so mild as to make one hesitate to add insulin to the regimen, are both excellent candidates for Orinase.

It has been shown that in the presence of a functional pancreas, Orinase effects the production and utilization of *native* insulin via *normal* channels. Its administration results in changes in fat and protein metabolism known to be the physiologic resultants of insulin activity. More recently, several investigations have demonstrated that the effects of Orinase upon hepatic glucose release are none other than those of endogenously produced or endo-

portally administered insulin. These observations have been followed by the further realization that the liver may play a primary physiologic role in the mechanisms of insulin action. Experience with Orinase suggests a classification of diabetics into two apparently distinct groups—Orinase-responsive or "Orinase-positive" diabetics, and "Orinase-negative" diabetics. It remains to be determined whether these will prove to be distinct clinical entities.

HOW WELL-MANAGED IS YOUR PRACTICE?

chines are making a profit for you.

4. Do you have all the special office equipment you can use?

- Bookkeeping machine .. ☐
- Check-writer ☐
- Copying machine ☐
- Mailmeter ☐
- Mimeograph machine ... ☐

you need some or all of the above:

When your girl has some of yesterday's work on her desk each morning and when that bit of left-over work is growing day by day, ask yourself whether some new machine would give her the extra time she evidently needs. It could be a bookkeeping machine, a copying machine, or any of those listed above.

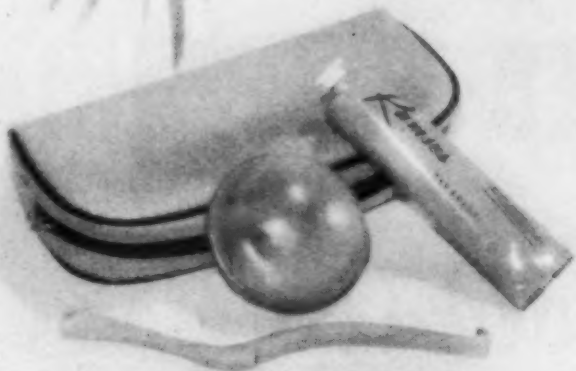
Here's one way to tell whether

The difference such a machine



"He calls it an exploratory. For him, I'd call it a remunerative reconnaissance."

Patient cooperation assured—



when you prescribe the new RAMSES® "Tuk-A-Way"® Kit (no. 701)

Beauty and convenience—the new kit, designed for feminine appeal, is attractively finished, compact for traveling. The zipper now runs across the top and down the side, providing easier access to the contents.

Ramses Diaphragm—cushioned comfort and optimal protection are ensured by the unique flexible rim, the strong, velvet-smooth dome.

Ramses Introducer—curved to conform to vaginal contours, smoothed and rounded to protect delicate tissue. Facilitates quick, accurate placement, easy removal.

Ramses Vaginal Jelly*—10-hour protection is provided by this nonirritating, nontoxic spermicide. Safe for continued use, cannot impair future fertility.

75th anniversary
1883-1958

service to the medical and drug professions

JULIUS SCHMID, INC.

423 West 55th Street, New York 19, N. Y.

*Active agent, dodecathylenglycol monolaurate 5%, in a base of long-lasting barrier effectiveness. RAMSES and "TUK-A-WAY" are registered trade-marks of Julius Schmid, Inc.

New

NEO-SYNEPHRINE

Compound

Cold Tablets

offer "Syndromatic" Control
in the COMMON COLD, Allergic Rhinitis

Patients breathe, sleep, work and
play better with new "syndromatic" action.

Neo-Synephrine Compound Cold Tablets...
for... Full "Syndromatic" Relief.

Neo-Synephrine (brand of phenylephrine) and
Theofadil (brand of theophylline), trademarks reg. U.S. Pat. Off.

Neo-Synephrine COMPOUND Cold Tablets

protect patients through the full
range of symptoms

Each tablet contains:

NEO-SYNEPHRINE HCl, 5 mg.

Mild, long acting decongestive

controls

NASAL STUFFINESS, RHINORRHEA

Acetaminophen, 150 mg.

Effective analgesic and antipyretic

relieves

HEADACHE AND ASSOCIATED ACHES AND PAINS

Thenfadi[®]l HCl, 7.5 mg.

Dependable, well tolerated antihistaminic

neutralizes

ALLERGIC SENSITIZATION

Caffeine, 15 mg.

counteracts

MENTAL AND PHYSICAL LASSITUDE

Dose: Adults—2 tablets three times daily.

Children 6 to 12 years—1 tablet three times daily.

Bottles of 20 and 100 tablets

Winthrop

LABORATORIES
NEW YORK 18, N. Y.

HOW WELL-MANAGED IS YOUR PRACTICE?

can make is well illustrated by this case history:

A three-man group had 1,200 bills to get out every month. The job couldn't be done during regular office time without dislocating routine for several days. So the doctors paid each of three girls (secretary, nurse, technician) \$15 extra per month to do this job after office hours. The girls didn't like the overtime job, but it was better than a nervous breakdown every month-end.

Then the doctors bought a copying machine for \$300. They had new account cards printed

to suit the machine. Figuring in machine depreciation, extra cost of new account cards, etc., the switch-over added 2 cents to the cost of each statement sent out. But it took 3¼ cents off the labor cost, because the work is now done during regular office time.

So the doctors saved money; the girls got rid of an unwelcome overtime job; and the patients get bills that are itemized, accurate, and on time.

Is that the sort of efficiency you'd like in *your* office? If so, the equipment listed in this self-test may offer you the key. END

Compazine

prochlorperazine, S.K.F.

the tranquilizer and antiemetic

proved remarkably safe and effective

in over 3½ million patients

Smith Kline & French Laboratories

*T.M. Reg. U.S. Pat. Off.

Descr
resea
This
Char
purit
tion
Since
respo
hydro
a sin
Corti
Pharm
does
coste
duce
on A
been
Beca
longe
Corti
been
depre
broad
Clinic
Corti
value
hyper
and in
Dosa
is obt
until
twice
Use o
meas
hazar
steroi
lone,
Suppl
cc; 1-
sterile
*Writ
sched

A Summary Report on CORTROPHIN[®]-ZINC

(Corticotropin-Alpha Zinc Hydroxide)

Description: A unique patented electrolytic process (developed by Organon research) produces a complex of *alpha* zinc hydroxide and corticotropin. This complex offers considerable advantages for practical ACTH therapy.

Characteristics: New Cortrophin-Zinc provides corticotropin of unsurpassed purity with low foreign protein content. This reduces the risk of sensitization reactions.

Since about 5% of the corticotropin is uncombined, onset of clinical response is rapid. But the balance, present as a complex of alpha zinc hydroxide, provides a prolonged action so that the effective time span of a single dose is usually several days. Injection of the new electrolytic Cortrophin-Zinc is virtually painless.

Pharmacology: A potent stimulator of cortical activity, Cortrophin-Zinc does not depress functioning of the suprarenal glands. Unlike the corticosteroids, adrenocorticotrophic hormone arouses the adrenal glands to produce *natural* steroids in natural proportions. In a 5-year study of patients on ACTH therapy, no case of adrenal or *pituitary* depression or atrophy has been observed.

Because Cortrophin-Zinc is virtually painless on injection and its prolonged action obviates frequent injections, it is now practicable to use Cortrophin-Zinc in most of the indications where formerly reliance has been on corticosteroids. This freedom from apprehension of deleterious depressive effects permits clinical use of valuable hormone therapy on a broader scale than has been possible heretofore.

Clinical Uses and Dosage: The many published reports on the use of Cortrophin-Zinc as well as ACTH in thousands of patients indicate its value in over 100 disorders. Most responsive have been: allergies and hypersensitivities, rheumatoid arthritis, bronchial asthma, serum sickness, and inflammatory skin and eye diseases.

Dosage should be individualized, but generally initial control of symptoms is obtained with a single injection of 40 units of Cortrophin-Zinc daily, until control is evident. Maintenance dosage is generally 20 units (or less) twice a week.

Use of Cortrophin-Zinc with oral steroids is now recommended as a safety measure to supply the important suprarenal stimulation and lessen the hazard of atrophy. Periodic use of Cortrophin-Zinc is advocated with all steroid analogs, such as cortisone, hydrocortisone, prednisone, prednisolone, methylprednisone, and triamcinolone.*

Supply: 5-cc vials containing 40 and 20 U.S.P. units of corticotropin per cc; 1-cc ampuls containing 40 and 20 U.S.P. units of corticotropin, with sterile disposable syringes.

*Write for complete literature and bibliography containing specific dosage schedules to:

Medical Department
ORGANON INC. • Orange, N. J.

in
peptic
ulcer

stop
the
pain

start
the
repair

KOLANTYL with 4 needed healing actions

1. **vital antispasmodic action**—BENTYL—Merrell's fast, safe antispasmodic . . . relieves spasm-pain promptly, without atropine-like side effects. 2. **balanced acid-neutralizing action**—magnesium oxide and aluminum hydroxide—prompt, long-lasting relief . . . no laxation, no constipation. 3. **demulcent action**—Methylcellulose—soothing protective coating covers ulcerated area, promotes healing. 4. **antienzyme-antipepsin action**—Sodium Lauryl Sulfate—effectively curbs necrotic

effects of pepsin and lysozyme . . . prevents further erosion. **Dosage**—Gel: 2 to 4 teaspoonfuls every 3 hours, or as needed. Tablets: 2 tablets (chewed for more rapid action) every 3 hours, or as needed.

NON-CONSTIPATING . . . NON-LAXATING



THE WM. S. MERRELL COMPANY
New York • CINCINNATI • St. Thomas, Ontario
Another Exclusive Product of Original Merrell Research

TRADEMARKS: "BENTYL," KOLANTYL®

What Social Workers Can Do For You



*Here's how one doctor
learned that, far from being
'specialistic' or competitive, they offer
medical men some really helpful services*

By Agatha Hopkins, M.S.W.

"One trouble with you social workers," the chief of staff told me, "is that in trying to help patients you sometimes make arrangements that come pretty close to being treatment. Another is that you favor the Forand bill and other forms of socialized medicine."

"One thing at a time, Doctor. We make arrangements for treatment only under a doctor's orders. Can you give me a for-instance?"

"Well . . . how about this Hackett child? I said he ought to spend the summer at a camp. Your office ar-

THE AUTHOR is director of the social service department of a large Eastern hospital.



*Resolute Ruth
is firm with her No!*

(until she's been asked
just once more!)

You can help sustain the reducer's wavering will...

just one **PHANTOS**[®] *capsule*

DAY-LONG ACTION

provides day-long appetite suppression and mood elevation.

PHANTOS helps counteract the constipation and bedtime wakefulness which so often complicate reducing regimens.

Each PHANTOS capsule is constructed with a built-in timetable to release three separate sets of components at intervals which provide day-long action... eliminates the "forgotten" dose.

- **ALL RELEASES**—appetite control and mood elevation
- **IMMEDIATE RELEASE**—aloin to counteract constipation
- **FINAL RELEASE**—phenobarbital to offset evening excitation

**IMMEDIATE
RELEASE**
provides



Amphetamine Sulfate..... 5 mg.
Thyroid..... 1/2 gr.
Atropine Sulfate..... 1/360 gr.
*Aloin..... 1/4 gr.

**counteracts
morning constipation*

**INTERMEDIATE
RELEASE**
provides



Amphetamine Sulfate..... 5 mg.
Thyroid..... 1/2 gr.
Atropine Sulfate..... 1/360 gr.

**FINAL
RELEASE**
provides



Amphetamine Sulfate..... 5 mg.
Thyroid..... 1/2 gr.
*Phenobarbital..... 1/4 gr.

**relieves evening excitation*

DOSE: one capsule on arising SUPPLY: bottles of 30, 250 and 500

FRANKAY LABORATORIES, INC., Harrison, New Jersey

ranged four weeks at the Happy Time Camp run by the Orthopedic Hospital. When I say 'summer,' I mean 'summer'—not just four weeks."

I looked that one up. Well, the Hackett boy has cerebral palsy. The Hacketts live on a marginal income. They never whine about their financial standing to the doctor; somehow they always scrape up the money to pay his bill. But they can no more raise the \$500 for a special camp than I can pay off the U.S. Treasury deficit. So they'd asked us for help.

Better Than Nothing

The only suitable deal that we could arrange was the Happy Time Camp for orthopedically handicapped kids. Even that was supposed to be strictly a two-week hitch, but we pressured the camp people into doubling the time allowance just this once. If the Hacketts had had no social worker interested in the case, the child would have spent the entire summer in his small backyard.

That reminded me of the Anderson case. Mr. Anderson had ulcers; he also had an interesting and responsible job. Our gastroenterologist and our psychiatrist

went into a huddle about Mr. Anderson. They concluded that the tensions involved in his work were keeping the ulcer alive. Their solution: change to a less tense job.

He Saw Only One Side

Medically, I'm sure, that was sound advice. But the gastroenterologist, at least, hadn't given a second thought to such matters as the prestige value of a responsible job, the lower income of a less responsible one, and the effect of such a job change on the patient's family relations and living standards.

The psychiatrist thought of all that, but he was only a consultant. His chore was done when he sent a report to the internist explaining how Mr. Anderson's vocational worries were aggravating the ulcer.

'Third Party'

Social Service referred the patient to a vocational guidance counselor. Between us, we worked out a feasible plan all right. But to this day, the gastroenterologist grumbles about the interference of a "third party" in the doctor-patient relationship.

I told the chief of staff about

Cerofort®

POTENTIATES TISSUE PROTEIN SYNTHESIS

**Critically
essential L-lysine
with all the
important vitamins**

tablets

**To speed
convalescence
in major
surgery, illness,
injury**

**Critically
essential L-lysine
with B vitamins**

elixir

**To improve
nutrition in
the elderly,
the adolescent,
the growing child**

Efficient protein synthesis depends upon an adequate intake of proper proportions of all the essential amino acids simultaneously. The biological value of cereal proteins, which comprise 20% to 40% of total dietary proteins, is limited by a relative deficiency of lysine. Cerofort supplies physiologic amounts of L-lysine to raise the body-building value of many cereals to that of high quality protein. In addition, Cerofort Elixir supplies generous amounts of important, appetite-stimulating B vitamins. Cerofort Tablets provide therapeutic levels of all known essential vitamins. In order to obtain the optimal benefit of lysine supplementation, administration with meals is essential.

DOSAGE: 1 Tablet
t.i.d. with meals.
Cerofort Tablets
in bottles of 60.



first with lysine

WHITE LABORATORIES, INC., Kenilworth, N. J.

DOSAGE: 1 tsp. t.i.d.
with meals.
Cerofort Elixir
in bottles of 8 oz.

WHAT SOCIAL WORKERS CAN DO FOR YOU

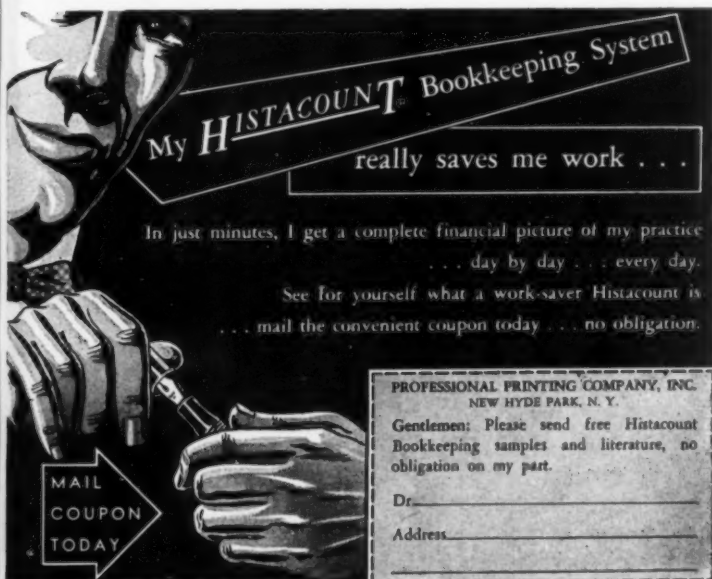
the Hacketts and the Andersons. He nodded sagely—and then began needling me about social workers' "preference" for compulsory health insurance. Maybe he thought that the word *social* in our title has something to do with socialism.

Well, it's true that we social workers do have convictions about desirable social legislation. Just as doctors have—and should have—opinions about proposed laws affecting medical care. But I hastened to point out that every social worker I know goes to her own personally selected private

physician when she herself is sick. We know all about the value of a personal doctor-patient relationship.

I don't know of a single large social-work organization that has registered a definitive opinion in favor of state medicine. It's true, though, that some individual social workers look with a kindly eye on the possibility of changes in the method of financing medical care. I'll tell you why:

We constantly run up against persons who aren't willing to accept the stigma of charity, yet who aren't able to pay for long-



My **HISTACOUNT** Bookkeeping System

really saves me work . . .

In just minutes, I get a complete financial picture of my practice . . . day by day . . . every day.

See for yourself what a work-saver Histacount is . . . mail the convenient coupon today . . . no obligation.

MAIL COUPON TODAY

PROFESSIONAL PRINTING COMPANY, INC.
NEW HYDE PARK, N. Y.

Gentlemen: Please send free Histacount Bookkeeping samples and literature, no obligation on my part.

Dr. _____

Address _____



**1,000
BUSINESS CARDS**
\$3.75 PER M
PREPAID

FREE ATTRACTIVE CARD HOLDER

FINE RAISED PRINTING
Standard 2 x 3 1/2 on No. 1 grade feather-weight, black ink only. 7 lines ordinary composition. Send sample or copy, enclose check or money order.

Take advantage of our get-together offer. Printers for the Medical Profession for over 50 years. Send for our complete professional printing catalogue, mailed to you free.

MEMO PRINTING CO.
428 SOUTHERN BLVD., NEW YORK 55, N. Y.


CO-NIB
for
TEETHING PAINS



"gives prolonged relief. Children and babies do not 'fight' it. It makes my work easier and parents happier." **OVER 15 YEARS** of professional use. Available at pharmacies in 1/4 oz. tubes.

Sample and Literature
On Request

Elben Laboratories
Sparta, N. J.



american medical
education foundation

535 N. Dearborn Street, Chicago 10, Ill

• This space contributed by the publisher

SOCIAL WORKERS

term illness—the kind that runs on long after health insurance benefits have been exhausted. I'm no economist and no politician. But it seems to me that the medical profession, which has produced so many geniuses, should be able to work out some way of meeting such needs.

Doctors Aren't Perfect

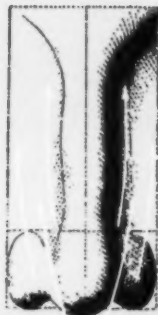
I know that some physicians have a grievance against social workers. We, too, have some gripes about doctors—mild complaints that need not sour our relationship. Trouble is, doctors never ask us what bothers us about our work with them.

For one thing, we resent being

GIVE



THE UNITED WAY



penetration gives relief

Penetration is the prerequisite for sound intranasal therapy. Thonzonium bromide, an exclusive mucolytic agent with unusual penetration-promoting properties, causes prompt dispersion of mucoid secretions and speeds medication to the site of irritation. Deep infiltration also allows the therapeutic agents of Biomydrin to remain active for prolonged periods. Biomydrin lets the patient breathe easily again.



Biomydrin gives lasting relief of rhinitis or sinusitis in minutes. Phenylephrine shrinks nasal mucosa; antibacterial neomycin and gramicidin fight infection; antihistaminic thonzylamine relieves allergic itching and sneezing.

Supplied in 1/2 oz. plastic atomizer and 1/2 oz. bottle with dropper. Also available: Biomydrin F Nasal Spray, containing hydrocortisone alcohol 0.02%, for severe edema and inflammation. In 1/2 oz. plastic atomizer.

Biomydrin[®]

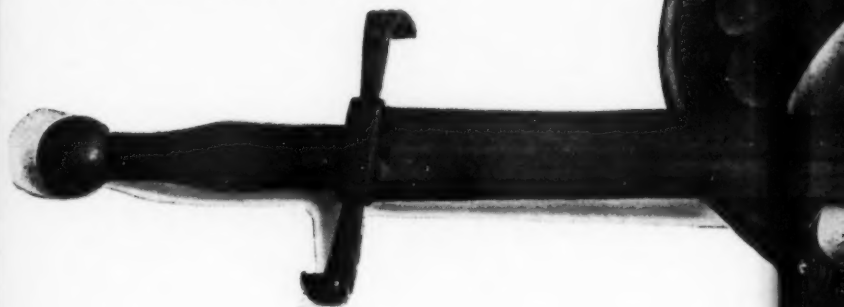
nasal spray/drops



■ prompt, aggressive
antibiotic action

■ a reliable defense against
monilial complications

both are often needed when
bacterial infection occurs



for a direct strike at infection Mysteclin-V contains tetracycline phosphate complex

It provides a direct strike at all tetracycline-susceptible organisms (most pathogenic bacteria, certain rickettsias, certain large viruses, and *Endamoeba histolytica*).

It provides the new chemical form of the world's most widely prescribed broad spectrum antibiotic.

It provides unsurpassed initial blood levels — higher and faster than older forms of tetracycline — for the most rapid transport of the antibiotic to the site of infection.

SQUIBB



Squibb Quality — the Priceless Ingredient

Capsules (250 mg./250,000 u.), bottles of 16 and 100.

Half-strength Capsules (125 mg./125,000 u.), bottles of 16 and 100.

Suspension (125 mg./125,000 u. per 5 cc.) 60 cc. bottles.

Pediatric Drops (100 mg./100,000 u. per cc.). 10 cc. dropper bottles.



for protection against monilial complications

Mysteclin-V contains Mycostatin

It provides the antifungal antibiotic, first tested and clinically confirmed by Squibb, with specific action against *Candida* (*Monilia*) *albicans*.

It acts to prevent the monilial overgrowth which frequently occurs whenever tetracycline or any other broad spectrum antibiotic is used.

It protects your patient against antibiotic-induced intestinal moniliasis and its complications, including vaginal and anogenital moniliasis, even potentially fatal systemic moniliasis.

MYSTECLIN-V

Squibb Tetracycline Phosphate Complex (Sumycin) and Nystatin (Mycostatin)

WHAT SOCIAL WORKERS CAN DO FOR YOU

considered soft-hearted and soft-headed Lady Bountifuls. We think physicians should know that social workers for the past two decades have been concerned not exclusively with the poor, the misfits, and the underprivileged. Today we're asked to help solve problems found in all segments of society: marital difficulties, disturbed parent-child relationships, personal adjustment problems, and the like.

They're 'Professionals'

Professional social workers today are skilled counselors at the

master's-degree level. We don't expect to be treated as doctors' colleagues. But we'd like to be accepted as professionally trained staff members serving on a professional team.

Wasted Resources

Our most serious problem, though, is that doctors so seldom think of using the community resources we're trained to tap. In theory, every doctor knows that the patient isn't an isolated individual, but is part of a family and community setting; that physical or mental illness often affects the

Satisfied with the usual cough remedies?



- do you find that the local soothing effect of cough syrups is not enough?
- are you concerned about the side effects of codeine?
- do you find that many remedies decrease cough productivity?
- do you have patients who do not cooperate fully because of cumbersome forms of issue and too frequent dosage?

CIBA
SUMMIT, N. J.

AVERAGE ADULT DOSAGE: 100 mg. t.i.d. In refractory cough up to 6 perles (600 mg.) a day may be given.
AVERAGE DOSAGE FOR CHILDREN UNDER 10: One Pediatric Perle (50 mg.) t.i.d.

1. Shane, S. J., Krzycki, T. K., and Copp, S. E.: *Canad. M.A.J.* 77:600 (Sept. 15) 1958

• contr
in the
• 2½ ti
• contr
or exp
• Perle

SUPPLIED:
TESSALON
Pediatric l
available

©1958 CIBA

family's pattern of living; that fears, anxiety, and debts can upset previous family harmony. But in practice, physicians seldom call on the social worker to ease environmental strains that may retard medical recovery.

We know our community's resources. That's why, more often than you probably think, we can help you help your patients.

Examples, Please

That's what I was telling the chief of staff when he lifted his hand in a stop signal. "Sounds wonderful," he said. "But in

plain English, what community resources are you talking about?"

I started to tell him about the woman who was worried about how her household would be managed while she was convalescing. I explained how we speeded convalescence by getting an agency to send in a trained homemaker. And how this service enabled a young widow to enter the hospital for a necessary operation, assured that the home life of her elderly parents would not be disrupted.

But the chief of staff wanted to see a list of the community re-

If not...here's why you should try new Tessalon Perles



- controls cough by dual action—in the chest as well as at cough centers of the brain.
- 2½ times as effective as codeine¹ without the side effects of codeine.
- controls cough frequency without decreasing productivity or expectoration.
- Perles offer convenient, precise dosage and relief for 3 to 8 hours.

SUPPLIED:
Tessalon Perles, 100 mg. (yellow).
Pediatric Perles, 50 mg. (red),
available Oct. 1, 1958.

Tessalon[®]

(benzonatate CIBA)

WHAT SOCIAL WORKERS CAN DO FOR YOU

sources I was talking about. So I ran through the local Community Services Directory.

Here's a partial roster of the problems with which various social agencies are prepared to cope. No one agency offers all the services listed. But in most urban and suburban communities, there's usually some agency for each of the following:

● **ADOPTIONS:** Children studied and selectively placed in homes for adoption.

● **AGED:** Nursing homes; recreation centers; low-cost housing; old-age assistance.

● **BLIND:** Home instruction; talking-book machines; financial assistance; job placement.

● **BUDGETING:** Advice and assistance; consultation on food and nutrition.

● **CAMPS:** Resident and day camps for healthy youngsters; camps for the handicapped, retarded, and underprivileged.

● **CHILDREN'S SERVICES:** Resi-



© MEDICAL ECONOMICS
CARTOON: DORIS MATTHEWS
CAPTION: F. W. KNOCH, M.D.

"My arthritis is killing me. Let's go to the staff meeting and disagree with everything."

re-
ng;
on;
cial
as-
ood
ay
ers;
re-
esi-



*New flavor
incentive
for low fat
dieters!*

Carnation Instant Nonfat Dry Milk

*can be self-enriched for 25% more protein
and better flavor than ordinary nonfat milk!*

Secret is the Carnation crystal form of nonfat milk, which adapts ideally to self-enrichment. One tablespoon of crystals per glass or $\frac{1}{3}$ cup extra crystals per quart brings a new standard of flavor to your patients, gives them an additional 25% nonfat milk nutrition with each serving. Result: "Difficult" patients respond to a richer flavor, require 25% less fluid bulk to obtain the same amount of nutrition.

CONVENIENT: Carnation Instant "Magic Crystals" mix completely—even in ice-cold water—with just a slight stir. Always ready to drink immediately—in the home or office. **DOCTOR**—you, too, will enjoy this refreshing nonfat milk discovery.



WHAT SOCIAL WORKERS CAN DO FOR YOU

dential treatment of the disturbed; classes for the retarded; aid to the dependent; help with personality disorders.

● **CHRONICALLY ILL AND HANDICAPPED:** Homes; nursing care; homemaker service; educational training; special workshops; rehabilitation.

● **CITIZENSHIP:** Special services to foreign born; financial assistance; housing; health care; immigration help; education and Americanization.

● **DAY NURSERIES:** Daytime group care for children of working mothers.

● **EMPLOYMENT AGENCIES:** Vocational guidance; counseling in regard to employment; selective job placement of physically and emotionally handicapped; help in processing claims for unemployment and disability insurance.

● **FAMILY SERVICES:** Help with personal relationship problems, with economic and environmental difficulties, and with emotional disorders.

● **FINANCIAL ASSISTANCE:** Public assistance for living expenses; medical services and supplies; aid to dependent children; Federal disability assistance; aid to needy blind.

● **FOSTER HOMES:** Where children may live healthy, normal lives.

● **HOMEMAKER SERVICES:** Specially trained women whose job it is to provide continuity to family life during periods of a parent's acute illness or absence from home.

● **HOUSING:** Processing of applications for Federally subsidized housing for low-income families.

● **LEGAL AID:** Advice and legal services to those who cannot afford an attorney.

● **MENTAL HEALTH:** Agencies for education, research, use and development of psychiatric facilities.

● **NEIGHBORHOOD CENTERS:** Educational and leisure-time activities for different age groups.

● **NURSING SERVICES:** Bedside care in the home, regardless of ability to pay; education in disease prevention.

● **PROSTHETIC APPLIANCES:** Help in renting, purchasing, or learning to use prosthetic appliances.

● **PSYCHIATRIC CLINICS:** Help in getting diagnosis and treatment of personality disorders of children and adults.

● **REHABILITATION:** Physical restoration; vocational retrain-

PAIN Zactirin®

Ethoheptazine Citrate with Acetylsalicylic Acid, Wyeth

for everyday pain control . . .

for your many patients requiring
potent analgesia but not an injected narcotic

*Proved by extensive evaluation^{1,2,3} in 1998 patients
in diverse areas of medicine and surgery, including:*

arthritis, bursitis, early metastatic carcinoma, fibrositis, grippe, herpes zoster, ligament strain, low back pain, menstrual pain, myalgia, myositis, neuritis, pleurisy, postoperative pain, postpartum pain, sciatica, trauma, dental pain

- *exclusive Wyeth non-narcotic analgesic plus anti-inflammatory action*
- *prompt, potent action—as potent as codeine*
- *documented effectiveness and safety^{1,2,3}*

Supplied: Tablets, bottles of 48. Each tablet contains 75 mg. of ethoheptazine citrate and 325 mg. (5 grains) of acetylsalicylic acid.

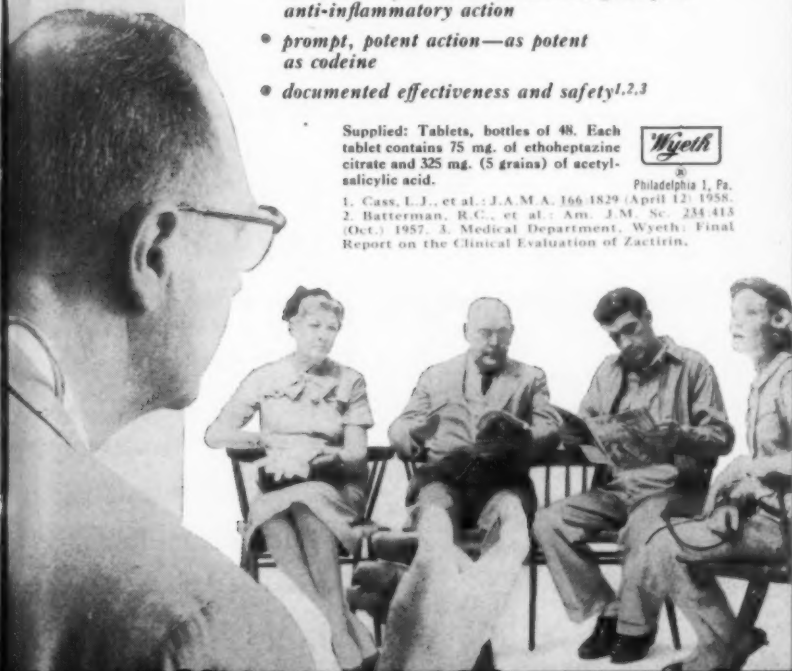


Philadelphia 1, Pa.

1. Cass, L.J., et al.: J.A.M.A. 166:1829 (April 12) 1958.

2. Batterman, R.C., et al.: Am. J.M. Sc. 234:413

(Oct.) 1957. 3. Medical Department, Wyeth: Final Report on the Clinical Evaluation of Zactirin.



Found "—effective in 82%—"* of the patients observed, all of whom had tenderness and pain and some muscle spasm.

For relief of low back pain, muscular rheumatism, shoulder girdle pain, torticollis, and generalized myositis.

EXPASMUS.

Potentiating Mephenesin*

- **Relieves Pain**
- **Soothes Tension**
- **Relaxes Muscle Spasm**

*Skeletal muscle relaxing; mephenesin physiologically potentiated with an analgesic—salicylamide, and a smooth muscle relaxant—dibenzyl succinate.

*Tebrock, H. E., et al. N. Y. State J. Med. 57; 101; 1957.

Each EXPASMUS tablet contains:

Dibenzyl succinate 125 mg.,
mephenesin 250 mg., salicylamide 100 mg.

DOSAGE:

2 to 3 tabs. 3 times daily to 12 tabs. daily.

SUPPLIED: Bottles of 100's.

Reprints and samples on request

MARTIN H. SMITH CO.

131 E. 23rd Street New York 10, New York

time-tested therapy

in
bronchial asthma
paroxysmal dyspnea
Cheyne-Stokes
respiration

dubin aminophylline

reliable diuresis
potent myocardial
stimulant
bronchial relaxant

tablets, ampuls, powder, suppositories

H. E. DUBIN LABORATORIES, INC.

250 East 43rd Street • New York 17, N. Y.

WHAT SOCIAL WORKER CAN DO

ing; job placement for physically and mentally incapacitated.

• **SPECIAL SCHOOLS:** Classes for retarded, blind, deaf, physically or emotionally impaired.

• **TRANSIENTS:** Temporary shelter, food, clothing for homeless; work program.

• **TRAVELERS' AID:** Information regarding housing; travel service for children and the handicapped.

• **UNMARRIED MOTHERS:** Help in getting maternity care, financial assistance, temporary boarding of babies, adoption.

• **WIDOWS:** Help in obtaining survivors' insurance, employment; counseling to ease problems of adjustment.

When I handed the above list

*Fight
Mental Illness*



**National Association
for Mental Health**

WORKER
CAN DO FOR YOU

to the chief of staff, he put on his reading glasses and looked at it. He didn't say anything, but he did put it in his pocket. The next day, it was posted on the staff bulletin board.

It Opened His Eyes

Later, he came back and said that, while he'd been in practice thirty years, he'd never known the community *had* so many resources.

Then he added:

"It seems to me every doctor must meet up with some patient almost every day who could be helped by these community resources. This is a handy checklist. Merely reviewing it gave me some ideas on how to expand my own usefulness to patients."

"Not that I'm completely sold on having you social workers around. I still don't understand how these community agencies were built up without doctors' having a greater share in their development. But I'll admit that maybe—just maybe—you have something here."

Taking care of the patient requires teamwork. The social worker has a place on the line. We don't expect to call the plays. But we like to feel that the quarterback has some idea of what we can do.

END

the
new
concept

Anergex[®]

for
allergic
diseases



A single short course of injections—
1 ml. daily for 6-8 days—provides
prompt relief which persists for
months in most patients—regardless
of the offending allergen.

3 ml. vials—one average treatment course.
reprints available

MULFORD COLLOID LABORATORIES
Philadelphia 4, Pennsylvania

Dr. Kris' \$1,500 bill for saving a boy's life stirred up the whole nation last year. Now that the hubbub has subsided, the doctor explains why he still thinks the fee was fair. 'How much would you charge for 100 hours spent on a case where the family's well able to pay?' he asks. Here's the untold story of...

THE DOCTOR



WHO CHARGED TOO MUCH

By John R. Lindsey

"Sur
men
ity. I
was
after
leagu
ety c
entir
head
medi
on p
Dr
about
front
year
mem
majo
much
year-
the b
dry v
Anes
tered
wedg
pit.
child
beco
he su
O
"vill
alike
critic
\$1,5

"Sure, that bill of mine got a tremendous amount of bad publicity. But it was the publicity that was bad, not the bill. I set the fee after consultation with my colleagues, including medical society officers. They thought it was entirely reasonable—until the headlines and the higher-ups in medicine made them back down on professional principles."

Dr. Joseph Kris was talking about the \$1,500 fee that made front-page news more than a year ago. As you no doubt remember, the doctor played a major role in the dramatic (and much-televised) rescue of a 7-year-old Long Island boy from the bottom of a twenty-one-foot dry well. For twenty-three hours, Anesthesiologist Kris administered oxygen to the youngster wedged deep in the sand-filled pit. Credited with saving the child's life, he was on his way to becoming a national hero—until he submitted his bill.

Overnight, the hero became a "villain." Laymen and doctors alike subjected him to a storm of criticism for having dared to ask \$1,500 for his services. Public

and medical opinion forced the mediation committee of his local medical society to cancel the doctor's bill.

That was last year. How does Dr. Kris feel about the experience now? To find out, I arranged an interview with him not long ago. On the morning of our appointment, I rang the office bell, at one side of the plain white house in which he, his wife, and his daughter live in Eastport, Long Island, N.Y. The doctor himself opened the door and ushered me into his office.

Then, before I'd had a chance to do more than mention my name, he surprised me by saying: "May I see your credentials to prove you are who you say you are?"

Later, seated at the desk across from him, I understood why he'd wanted to be sure of my identity. Who had a better right to ask for identification than a man who'd been so persistently badgered day and night by reporters and photographers from press and television?

"I don't think you can realize what a horrible nightmare I lived

THE DOCTOR WHO CHARGED TOO MUCH

through," he explained. "Like any doctor, I sent what I felt was a reasonable bill to the parents of a young patient. Next thing I knew, everybody in the country was calling me a seven-headed monster. Why? Not really be-

cause of the fee, but because the press, radio, and TV had turned the case into a sentimental holiday."

He reached into a cabinet and brought out two outsize, stiff-backed portfolios, bulging with

WHERE DR. KRIS WENT WRONG

"I believe that doctors should report their failures as well as their successes," says Dr. Joseph Kris. "Then others won't fall into the same errors." Here are three mistakes he thinks he made in the realm of professional and public relations after spending 100 hours saving Benny Hooper's life:

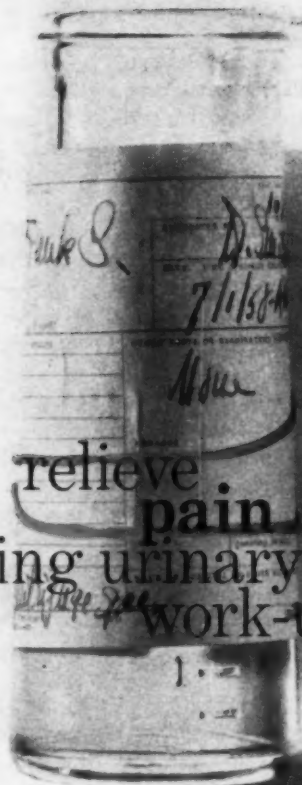
1. "Although I sought the advice of medical society officers before sending a bill, I didn't get their advice in writing. So I couldn't prove that I'd acted in accordance with their advice."

2. "When a reporter came to me and said he wanted the people to know my side of the story, I told it to him. That was another mistake. My words were twisted to mean exactly the opposite of what I'd said."

3. "When I appeared before the medical society's mediation committee, I didn't have a lawyer with me. There was no one to protect my constitutional rights when the specified procedure wasn't followed."

But the biggest mistake of all, Dr. Kris believes, was the mediation committee's complete cancellation of his bill. He explains why in the accompanying interview.

the
ned
oli-
nd
iff-
ith



relieve
pain
during urinary
work-up

Pyridium assures prompt and continuous analgesia within 30 minutes—well before corrective measures can remove the cause.

Normal voiding improves prognosis and the risk of infection from stagnant urine is removed.

Pyridium provides rapid relief, alone, or with the antibacterial
of your choice.

PYRIDIUM®

(brand of phenylazo-diamino-pyridine HCl)



MORRIS PLAINS, N. J.

THE DOCTOR WHO CHARGED TOO MUCH

papers. "Here you are," he said, placing the volumes on the desk. "Here's my documented record of what happened."

I began leafing through the pages. In addition to a neatly typed account of the doctor's side of the controversial-fee story, they contained a vast collection of newspaper clippings and photocopies of letters.

"Those letters aren't the only ones I got," said Dr. Kris. "I got more than 1,000 from strangers in every part of the country. Only 250 are included in these volumes. But they're a representative sample. Take a look at them."

I opened a portfolio at random, and my eye lighted on these words: "You have the heart of a crocodile and should be kicked out of the medical profession." The letter had been written by a retired Army colonel in Corpus Christi, Tex. But I noted, to my surprise, that it was followed by another entry from the same man. Dated three months later, the second letter said: "In reference to your letter of recent date, to you I send an apology."

"Do you mean to say you answered that first insulting note?" I asked.

"I answered every letter that was signed," the doctor replied.

He pointed to a typed entry in one of the scrapbooks: "Received 694 unfavorable letters so far, 80 per cent of them anonymous. Of the balance, I've answered every one."

About half the correspondents acknowledged his letter. And, like the Texas colonel, some 70 per cent of these apologized, according to the doctor.

Headlines Fade Fast

"Another 10 per cent denied they'd ever written me in the first place," he observed. "Such is fame, I guess. People forget the big news stories fast. But it's not so easy for us who've *been* the stories to forget. Just glance at some of these headlines, will you?"

One in particular caught my attention: "A.M.A. Hits \$1,500 Bill for Benny."

Under it appeared a statement signed by Dr. Edwin S. Hamilton, chairman of the Association's Board of Trustees. "The A.M.A. feels . . . that not one doctor in a thousand would have charged a fee," it said in part.

In another news clip, Dr. Elmer Hess was quoted as calling

New
PENTI
where
requir
infecti
Hemol
coccus
of str
there i
PENTI
G Pot
(Buffs
withou
Scored
For co
prescri
buffer
lets . .
withou
Scored
PENTID 15

...NEW...PENTIDS "400"... ... NEW

...400,000 U. PENICILLIN G POTASSIUM...

...PENTIDS "400"... PENTIDS "400"...

New convenient oral tablets...
PENTIDS "400"... Economical... where double strength Pentids is required for treatment of severe infections due to *Staphylococcus... Hemolytic Streptococcus... Pneumococcus*. Also indicated for prevention of streptococcal infections when there is a history of rheumatic fever. PENTIDS "400"... Squibb Penicillin G Potassium 400,000 Unit Tablets (Buffered)... Dosage: 1 tablet t.i.d. without regard to meals... Supply: Scored tablets—bottles of 12 and 100.

For common bacterial infections, prescribe PENTIDS... 200,000 unit buffered Penicillin G Potassium Tablets... Dosage: 1 or 2 tablets t.i.d. without regard to meals... Supply: Scored tablets—bottles of 12 and 100.

Also available as...

Pentids for Syrup... Orange-flavored, provides 200,000 units Penicillin G Potassium per teaspoonful (5 cc.), 12 dose bottles... **Pentids Capsules**... each containing 200,000 units Penicillin G Potassium, bottles of 24 and 100... **Pentids Soluble Tablets**... each containing 200,000 units Penicillin G Potassium, vials of 12 and bottles of 100... **Pentids—Sulfas Tablets**... each containing 200,000 units Penicillin G Potassium with triple sulfas, bottles of 30 and 100.

SQUIBB



Squibb Quality—the Priceless Ingredient

PENTIDS® IS A SQUIBB TRADEMARK

THE DOCTOR WHO CHARGED TOO MUCH

the fee "absurd." Dr. Paul Hawley, I noted, termed it "a terrible thing." And the matter was even brought up on the U.S. Senate floor, where Senator William A. Purtell of Connecticut denounced the doctor who "must exact the last pound of flesh from the practice of his profession."

I looked up from the scrapbook. "How do you feel about such comments as these?" I asked.

"It's the ones from my own colleagues that bother me," said

Joseph Kris. "Why did they make statements to the press without knowing the facts of the case? I'd like to know whether Drs. Hamilton, Hawley, or Hess ever worked 100 hours on a case without sending a bill."

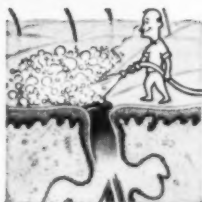
"A hundred hours?"

"I put in more than 100 hours caring for Benny Hooper both at the scene of the rescue and in the hospital for the next seven days. I made that fact clear at the time. But facts couldn't stand up against publicity." *More►*



IN ACNE

Fostex[®] degreases the skin and helps remove blackheads



Fostex contains a combination of surface active agents (Sebulytic) which:*

◀ Completely emulsify excess oil so that it is quickly washed off the skin.



◀ Penetrate and soften comedones, unblocking the pores and facilitating removal of sebum plugs.



Fostex dries and peels the skin

◀ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

**(Sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate.)*

FOSTEX CREAM
for therapeutic washing of skin in the initial phase of acne treatment, when maximum degreasing and peeling are desired.

FOSTEX CAKE
for maintenance therapy to keep skin dry and substantially free of comedones.

Fostex is easy for your patients to use

◀ Patients stop using soap on affected skin areas. Instead they use Fostex for therapeutic washing of the skin. The Fostex lather is massaged into the skin for 5 minutes—then rinse and dry.

Write for samples

WESTWOOD Pharmaceuticals

Division of Foster-Milburn Co. Buffalo 13, New York

MEDICAL ECONOMICS • NOVEMBER 10, 1958 261

on the problem a



A POINT OF VIEW IN '55 "At this time, it appears that the problem of antibiotic-resistant bacteria is the greatest fear in the future with chronic infections of the . . . urinary tract . . ."¹

A POINT OF FACT IN '58 "... This prediction has proved to be correct for both gram-positive and gram-negative organisms."²

... WITH ONE NOTABLE EXCEPTION "... studies indicate that micro-organisms, in vitro and in vivo, do not appear to develop resistance to FURADANTIN."³

EATON LABORATORIES, NORWICH, NEW YORK

for
ge

F

brand

AVE
case
or m
REF
et al.
Gyn.

NIT
neith

ble antibiotic-resistant bacteria

for acute and chronic
genitourinary tract infections

FURADANTIN®

brand of nitrofurantoin

AVERAGE FURADANTIN DOSAGE: In acute, complicated or refractory cases and in chronic infections—100 mg. q.i.d., with meals and with food or milk on retiring.

REFERENCES: 1. Filppin, H. F.: Virginia M. Month. 82:435, 1955. 2. Caswell, H. T. et al.: Surg Gyn Obst. 106:1, 1958. 3. Nesbitt, R. E. L. Jr., and Young, J. E.: Obst. Gyn., N. Y. 10:89, 1957.

in **7** years—negligible development of
bacterial resistance with FURADANTIN

NITROFURANS . . . a new class of antimicrobials . . .
neither antibiotics nor sulfonamides



THE DOCTOR WHO CHARGED TOO MUCH

At this point in our interview, Dr. Kris was called out to see a patient. Left alone with the two-volume scrapbook, I refreshed my memory on what had finally happened in the Kris case:

On June 22, 1957, the mediation committee of the Suffolk County Medical Society decided there'd be no bill. After conferring first with Dr. Kris, and then with Mr. and Mrs. Benjamin K. Hooper, young Benny's parents, the committee issued a formal statement upholding the right of "any doctor to render a bill."

But, the statement added, Dr. Kris "had determined the amount of his charge while under the mistaken impression that a considerable sum of money earmarked for medical purposes had been received by the Hooper family . . . In view of the facts . . . the committee has therefore decided, and Dr. Kris has agreed, that there will be no bill to the Hoopers."

I was examining a news photo of Dr. Kris shaking hands with the boy's father—"after the doctor's bill was written off," according to the caption—when the doctor rejoined me. He glanced over my shoulder, then said:

"That picture was taken be-

fore the mediation committee meeting, not *after*. I didn't shake hands afterward. I never agreed to accept the decision to cancel."

This was news to me. "Do you mean the \$1,500 bill still stands as far as you're concerned?"

"Yes," said Dr. Kris. "And you can quote me on this: I did *not* agree to withdraw the bill. It isn't a matter of money. It's a question of principle."

How He Set the Fee

Then Dr. Kris told me the story of how he'd set his fee in the first place:

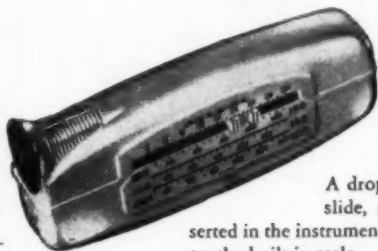
"After I'd taken care of the Hooper boy but before I'd submitted a bill, there was a hospital staff meeting. Talking with colleagues afterward, I brought up the question of whether any bill should be sent. They all agreed a bill was in order. And they suggested amounts ranging up to \$3,500. It was also suggested that the bill be made large enough so that it could be reduced later on if the family objected.

"Then at the next meeting of the Suffolk County Medical Society, I sought out the chairman of the mediation committee. I discussed with him the pro-



ANEMIA?

Your examination strongly suggests patient anemia. Here's how you can have on-the-spot, laboratory-accurate hemoglobin determinations to confirm your clinical diagnosis...and check the effectiveness of progressive treatments.



Used by doctors over four million times last year, the AO Hb-Meter can deliver hemoglobin determinations in less time than it takes to make an oral temperature reading.

A drop of blood is placed on the glass slide, agitated with an applicator, inserted in the instrument and the reading appears directly on the built-in scale.
Pocket-size...you can use it anywhere.

Ask your Surgical Supply dealer for a demonstration or write:



American Optical Company

INSTRUMENT DIVISION • BUFFALO 15, N. Y.

MEDICAL ECONOMICS • NOVEMBER 10, 1958 265

WHY RISK DELAYED RECOVERY FROM

URINARY TRACT

INFECTIONS?

Urinary tract infections, due to staphylococci or proteus (resistant or otherwise), may not respond to any antimicrobial agent except CATHOMYCIN (novobiocin). CATHOMYCIN has a long, established record* of effectiveness against organisms resistant to most other antibiotics. It may be administered in combination with sulfonamides or with other antibiotics, providing a broad spectrum of action and protection against the emergence of resistant strains.

Especially useful for those hard-to-treat urinary tract infections, even those complicated by resistant staphylococci or resistant proteus, CATHOMYCIN is rapidly absorbed—producing therapeutic blood levels with a duration of 12 hours or more. It is generally well tolerated and there is no evidence of cross-resistance with other antibiotics.

CATHOMYCIN

for staphylococcal septicemia, enteritis, postoperative wound infections and other serious staph infections.

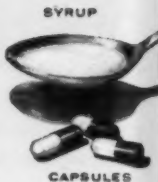
NOVOBIOCI

NEW

DOSAGE: Adults: CATHOMYCIN Sodium 2 capsules b.i.d. or CATHOMYCIN Calcium Syrup 4 teaspoonfuls b.i.d. Children: (up to 12 years) 2 to 8 teaspoonfuls daily in divided doses based on 10 mg. CATHOMYCIN per lb. of body weight per day.

SUPPLIED: Capsules sodium novobiocin, each containing the equivalent of 250 mg. of novobiocin—vials of 16 and 100—and as an orange-flavored syrup (aqueous suspension), in bottles of 60 cc. and 473 cc. (1 pint). Each 5 cc. CATHOMYCIN Syrup contains 125 mg. (2.5%) novobiocin, as calcium novobiocin.

*Complete bibliography available on request.



For Parenteral Therapy LYOVAC® CATHOMYCIN

MERCK SHARP & DOHME Division of MERCK & CO., INC., Philadelphia 1, Pa.

HE CHARGED TOO MUCH

priety of sending a bill. 'By all means, you should send a bill,' he told me.


"I asked his advice on how to arrive at a fair fee. 'I can't figure the bill for you,' he answered, 'but I'll give you an example.' And he told me about a case on which he'd been called out of town. He'd spent a whole day in travel and treatment, and, he told me, he'd charged \$400 for that day.

Eight Times \$400

"If one day's services could be worth \$400, eight days' services could be worth more than \$3,000. That would correspond roughly to what my time is worth as an anesthesiologist—\$30 an hour for 100 hours. But with Benny Hooper, I wasn't acting as an anesthesiologist—just as a physician. So I cut the suggested rate in half and settled on \$1,500 as being fair."

"Could the Hoopers really afford to pay that much?" I asked Dr. Kris.

"Look at the record," he said. "They got at least \$3,345 from television appearances and well-wishers. And they weren't poor to start with. Their combined take-home pay came to at least \$108 a week—and this in a community where the average farm



Obocell
doubles the power to resist
• food in obesity
• curbs the appetite
• suppresses gnawing bulk hunger

Neisler
Irwin, Neisler & Co. • Decatur, Illinois
samples on request



h
CLOTHING COMFORT

'hand-shaped'
by AUSTIN LEEDS
and GROSHIRE

THE DOCTOR WHO CHARGED TOO MUCH

family makes \$56 a week and supports four children on it."

"Then why did the mediation committee cancel your bill?" I asked.

"They were being told how to 'work this thing out' by state and national medical society officials who didn't have the facts. Let me tell you how I know:

"When I met with the mediation board on June 22, 1957, I asked them to investigate both sides thoroughly, even if it took two weeks. Then they went into closed session. They wanted the executive secretary in with them; and she asked me if I'd answer the office phone in her absence, since I was going to be waiting anyway. This I agreed to do.

"Among the incoming calls were several from the New York state medical society and from the A.M.A. Their public relations people were trying to direct our mediation committee's verdict. And the verdict went their way within two and a half hours—and without any further investigation of the facts.

"I'm not against good public relations. All along, I've been a member of my medical society's public relations committee. I was mindful of this when I spent 100

hours in continuous attendance on the Hooper boy, to the neglect of my practice, my family, and my health. I was mindful of good public relations when I consulted with my medical society colleagues before submitting a bill.

"But what kind of public relations is it when a doctor's bill is canceled just because he saved the patient's life?"

"You never consented to the bill's being canceled?" I asked Dr. Kris once again.

Why He's Fighting

"No. And the mediation committee acted illegally in canceling it without my consent. No complaint was signed against me, as required by the bylaws; nor was the specified mediation procedure followed. That's why, as far as I'm concerned, the bill still stands."

As we shook hands at the door, the doctor repeated something he'd said before: "It's a matter of principle. Please make sure your readers understand that. I don't need money. My practice hasn't suffered from the bad publicity; I'm as busy as I ever was. But I feel I got a raw deal. And I'm going to fight till I'm vindicated."

END

WIDE AWAKE TRANQUILITY



Quiactin for quieting

(oxanamide)

(one 400 mg. tablet q.i.d.)

QUIACTIN provides greater tranquility, yet avoids the drowsiness that causes patient discomfort or oversteps the bounds of safety.¹ Work, and other normal activities, continue with no drop in efficiency.² Structurally, QUIACTIN is a glycidamide... atom by atom, a completely new tranquilizer, prolonged in activity, non-toxic, noncumulative and free of withdrawal symptoms. QUIACTIN will not deepen depression if it is present.

1. Proctor, R. C., Southern Psychiatric Assoc. Meeting, October 7, 1957. 2. Feuss, C. D. and Gragg, L. Jr.: Dis. Nerv. Sys. 18:29; 1957.

TRADEMARK: QUIACTIN®



THE W. B. MERRELL COMPANY
New York • CINCINNATI • St. Thomas, Ontario
Another Exclusive Product of Original Merrell Research

Stockbrokers' Commissions:



HOW TO KEEP THEM DOWN

With rates higher than ever, you'll want to watch your step when buying stocks. Here's how commissions are figured, and how you can cut the cost

BY M. J. GOLDBERG

One afternoon last summer, a Chicago physician I'll call Andrew Wilcox visited the office of his stockbroker to fulfill an old ambition. He wanted to have a fling at "tape reading"—investing for small, quick profits on the daily or weekly turns of the market.

For days he'd been studying a

stock called Great American Gadget as it jiggled around between \$40 and \$41 a share. And he'd begun to wonder: Why not make a quick profit by buying the stock at 40 and selling it the minute it rose to 41 again?

So that's exactly what Dr. Wilcox did on his summer afternoon off. When he entered the broker's

*Intravenous blood levels
with rectal administration*

CLYSMATHANE[®]

(Fleet)

Disposable Rectal Unit

*An advanced method of
theophylline therapy*

For the alleviation of symptoms in bronchial asthma and the acute episodes of heart failure, Clysmathane (Fleet) supplies speedy and therapeutically adequate blood levels⁽¹⁾ of theophylline. Side effects, often associated with oral or parenteral administration, are minimized by the rapid rectal route provided by Clysmathane.

Dosage: One Clysmathane (Fleet) Unit as a retention enema before retiring or as directed.

Composition: Theophylline monoethanolamine (Theamin, Fleet), 0.625 Gm.; aqua, 37 ml. in single dose rectal dispenser. Prescription package of six individual units. Manufacturer's label readily removable.

(1) Ridolfo, A. S. & Kohlstaedt, K. G. "A simplified method for the rectal administration of theophylline," to be published.

Professional samples and literature on request, write:

C. B. FLEET CO., INC.

Lynchburg, Virginia



The new six-unit PRESCRIPTION PACKAGE of Clysmathane (Fleet) is more convenient to prescribe while assuring an adequate supply for patients. Disposable, single dose squeeze bottle is especially designed for self-administration... ready to use with prelubricated rectal tube. The manufacturer's labels are readily removable.

STOCKBROKERS' COMMISSIONS

office, G.A.G. was offered at 40. He placed an order for 100 shares. He followed this with another order to sell the stock when and if it reached 41. While he was watching the tape, it did hit 41, and the shares were sold.

The doctor gleefully totaled up his profits. Two placid hours in an upholstered leather chair had earned him \$100.

But much of his joy drained away when he got the broker's statement. Commissions on the purchase and sale totaled about \$64, and Federal and state trans-

fer taxes came to another \$10. So he'd made only \$26—and at quite a risk, too. For if he had guessed wrong on the stock and it had *dropped* a point by the time he'd sold, he would still have had to pay about the same commission and taxes.

With a pencil in hand, he then figured out the odds: If he were to do any more such tape reading, he'd need to be right nearly seven out of eight times *just to break even*.

"Some professional traders do very well at this," says one prom-



Round-Lot Commission Rates on Stocks

MONEY AMOUNT OF TRANSACTION	COMMISSION RATE
Under \$100	As mutually agreed
\$100 to \$399	2 per cent, plus \$4
\$400 to \$2,199	1 per cent, plus \$8
\$2,200 to \$4,999	1/2 per cent, plus \$19
\$5,000 and above	1/10 per cent, plus \$39 (maximum: \$75)

pulse rate up?

Serpasil slows heart rate in most cases of organic or functional tachycardia.

You'll find it especially valuable in cardiac patients whose conditions are aggravated by heart speed-up. Through a unique heart-slowing action, independent of its antihypertensive effect, Serpasil prolongs diastole and allows more time for the myocardium to rest. Blood flow and cardiac efficiency are thereby enhanced.

What's more, you can prescribe Serpasil with confidence. Therapy with Serpasil is virtually free of the dangers (heart block and cardiac arrest) heretofore encountered with heart-slowing drugs. Side effects are generally mild and can be overcome by adjusting dosage.

DOSAGE FOR TACHYCARDIA

Dose range is 0.1 to 0.5 mg. (two 0.25-mg. tablets) per day conveniently taken in a single dose. Rapid heart rate usually will be relieved within 1 to 2 weeks, at which time the daily dose should be reduced. Suppression of tachycardia often persists after therapy is stopped.

NOTE: In patients receiving digitalis or quinidine, Serpasil therapy should be initiated with especially careful observation. Serpasil is not recommended in cases of aortic insufficiency.

SUPPLIED: Tablets, 1 mg. (scored), 0.25 mg. (scored) and 0.1 mg. Elixirs, 1 mg. and 0.2 mg. Serpasil per 4-ml. teaspoon.

slow it down with
Serpasil®
(reserpine CIBA)

C I B A SUMMIT, N. J.

2/258080



STOCKBROKERS' COMMISSIONS

inent investment man. "But by and large, when doctors switch stocks daily or weekly, they make money only for their brokers."

That statement is more true today than it used to be. Reason: The cost of buying and selling stock has gone up. Last May the New York Stock Exchange raised its schedule of commission rates an average of 13 per cent. (Since then, the American Exchange, the major regional exchanges, and most over-the-counter dealers have followed

suit with similar rate increases.)

The new rates range all the way from a fraction of 1 per cent to 6 per cent of the amount involved in the purchase or sale. Whether you pay at a higher or lower rate depends on the kind of investment you make—the number of shares you buy at a clip, the price per share, and the timing of your purchases and sales.

For the long-term investor, the cost of buying stocks has been and still is small. Even a 6 per cent commission doesn't bulk



Round-Lot Commission Costs by Price of Stock

PRICE OF STOCK	NUMBER OF SHARES BOUGHT	TOTAL INVESTMENT	COMMISSION COST
\$ 1	10,000	\$10,000	\$600
10	1,000	10,000	180
25	400	10,000	126
50	200	10,000	88
100	100	10,000	49



*"... and switch Mr. Mason to Ascriptin, that new Rorer product. It stops the pain quicker, and won't upset his stomach."**

*ASCRIPTIN (aspirin buffered with MAALOX®) "... acts faster and produces higher blood salicylate levels compared with acetylsalicylic acid. It reduces pain more rapidly in arthritic conditions and simple headaches. In addition, patients who suffered from gastric irritation after aspirin were able to take Ascriptin in comparable dosages without any ill effects."¹

¹Clinical and Blood Chemical Studies with Ascriptin.

Feinblatt, T.M., et al. N.Y. State J. Med. 58:697, March 1, 1958.

ASCRIPTIN: Acetylsalicylic acid 0.30 Gm., with MAALOX® (magnesium aluminum hydroxide gel) 0.15 Gm., bottles of 100 tablets.
Samples on request.

WILLIAM H. RORER, INC., Philadelphia 44, Pa.*

STOCKBROKERS' COMMISSIONS

too large if it's averaged out over the five or ten years you may hold the stock. But for the "trader," commissions are a major investment expense that simply can't be ignored.

Naturally, you buy a share of stock because you think it's a good investment, not because you pay a smaller brokerage commission. And if you lose faith in an issue, no matter how long you've held it, the commission won't keep you from selling. Even so, it's wise to know what it costs to buy and sell stock, since such costs affect your potential profits.

If you understand the ins and outs of brokerage commissions, you're likely to choose your investments with a better knowledge of their actual cost. So here are the key facts you should keep in mind:

1. The lower the price of the stock you buy, the higher the commission you pay.

That's because the commission is figured on a graduated scale according to the price of a round lot of 100 shares. The difference in commission between a high-price and low-price stock can be substantial. For example:

Suppose you have \$10,000 to invest in common stocks. You've studied the market and narrowed your choice down to two securities, one selling for \$10 a share and the other for \$100. They look equally promising. Should you buy 100 shares of the \$100 stock or 1,000 shares of the \$10 stock?

Answer: From the standpoint of brokerage fees, the \$100 stock is the better buy. Even though both purchases involve the same dollar amount, the higher-price shares would cost you \$131 less in commissions. It's figured this way:

One hundred shares of a \$10 stock cost \$1,000. The commission on a purchase of that size is 1 per cent of the amount involved, plus \$8. Total brokerage fee for 100 shares: \$18. Total commission for 1,000 shares: ten times \$18—or \$180.

Now contrast this with the commission you'd pay on 100 shares of a \$100 stock. The rate here is only 1/10 of 1 per cent, plus \$39. So your total fee for buying \$10,000 worth of \$100 shares amounts to only \$49.

For a birdseye view of current commission rates, see Table 1 on page 272. And for a good idea of

'Tho
Frequ
suppo
help
also p
to rec
The M
childr
TH
chlorpr
Avail
sustain
Smit



'Thorazine' stops vomiting in children and helps speed recovery

Frequently, a single dose of 'Thorazine' (either syrup or suppository) will stop vomiting caused by viral infections and help restore normal food intake and hydration. 'Thorazine' also promotes sound, uninterrupted sleep which is so necessary to recovery.

The high degree of safety with the use of 'Thorazine' in children is a consistent finding in the medical literature.

THORAZINE* *one of the fundamental drugs in medicine*
 chlorpromazine, S.K.F.

Available: Syrup, Suppositories, Tablets, Spansule*
 sustained release capsules, Ampuls and Multiple dose vials.

Smith Kline & French Laboratories, Philadelphia *T.M. Reg. U.S. Pat. Off.

STOCKBROKERS' COMMISSIONS

the wide variation in costs depending on the price of the stock, see Table 2 on page 274.

It normally costs you just as much to sell shares as to buy them. But here the short-term trader does get something of a break. That's because of the New York Stock Exchange's "round-trip" rules:

If you sell a stock within fourteen calendar days after buying it, you pay only half the usual commission for the resale, plus \$5 for each round lot of 100 shares (or \$3 for each odd lot of fewer than 100 shares).

2. Odd lots cost you extra in commissions.

To figure out the commission on an odd-lot purchase, you apply the rate for a round-lot purchase of the same dollar amount; then you deduct \$2.

Suppose, for example, you buy twenty shares of a \$50 stock. The total amount involved in the purchase is \$1,000, and the commission rate for such an amount in 100-share lots is 1 per cent plus \$8. That comes to \$18. Subtract \$2, and you get the cost of buying your twenty shares: \$16.

So your odd-lot purchase has cost you 80 cents a share. On a

round lot of the same stock, the commission would be \$44, or 44 cents a share.

As the number of shares in the odd lot increases, the price per share drops. If you buy fifty shares of a \$50 stock, the commission is 59 cents a share. And for ninety-nine shares of the stock, the commission is only about 42 cents a share—even less than that for a round lot.

But don't jump to the conclusion that odd lots may sometimes be cheaper than round lots; they never are. In addition to the regular brokerage commission for an odd lot, you must pay another charge tacked on by the odd-lot brokers who handle your order.

For stocks selling under \$40, this extra charge is one-eighth of a point (12½ cents a share). When you *buy* an odd lot, you pay 12½ cents more per share than its price in the next round-lot transaction after your order is placed. When you *sell* an odd lot, you get 12½ cents less per share than the next round-lot price. For stocks selling at \$40 and over, the extra charge is one-quarter of a point (25 cents).

So the rule about round-lot commissions (the cheaper the stock, the higher the commis-



*just
a little
calcidrine
goes
a long way
to treat
the
entire cough*

calcidrine®



each tasty 30 cc. (1 fl. oz.) represents:
Dihydrocodeinone Bitartrate. 10 mg. (¼ gr.)
Nembutal® Sodium 25 mg. (½ gr.)
Ephedrine Hydrochloride ... 25 mg. (½ gr.)
Calcium Iodide, anhydrous 910 mg. (14 grs.)

® Nembutal—Pentobarbital, Abbott

Abbott



STOCKBROKERS' COMMISSIONS

sion) doesn't apply completely to odd-lot trading. It's obviously cheaper, as far as the odd-lot extra charge is concerned, to trade in stocks selling below \$40.

3. There are three ways you can avoid paying commissions.

You can't use them on all kinds of purchases, but only on certain kinds. Here are the cost-free possibilities:

¶ *Secondary offerings.* This is

a large block of stock offered for sale after the close of the market at the closing price. For example, an estate that wants to liquidate its holdings might offer to sell 10,000 shares of a given stock at today's final price, so as not to risk having to sell the stock for less tomorrow. The estate then pays the entire commission cost. So you can buy 100 shares, say, through your broker on a commission-free ride. Such second-



"I have to hang up now. The doctor's coming to cut my cast off."

Meta
subje
and i
tion c
body
solubl
formu

STRES

- Infect
- Dysfun
- Pre-

ST

Leder



**RATIONAL
ADJUNCT
TO SURGERY**

Metabolic demands increase when the body is subjected to surgical procedures, burns, fractures and illness. Under such circumstances, restitution of depleted vitamin reserves will accelerate body repair. STRESSCAPS provide essential water-soluble vitamins in a professionally accepted formulation.

STRESSCAPS IN STRESS

- Infection • Physiologic Trauma • Endocrine Dysfunction • Emotional Stress
- Pre- and Postoperatively

STRESSCAPS

STRESS FORMULA VITAMINS LEDERLE




LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK
*Reg. U. S. Pat. Off.

Each Capsule Contains:


Thiamine Mononitrate (B ₁)	10 mg.
Riboflavin (B ₂)	10 mg.
Niacinamide	100 mg.
Ascorbic Acid (C)	300 mg.
Pyridoxine HCl (B ₆)	2 mg.
Vitamin B ₁₂	4 mcgm.
Folic Acid	1.5 mg.
Calcium Pantothenate	20 mg.
Vitamin K (Menadione)	2 mg.

Average Dose: 1-2 capsules daily.



Obocell®
doubles the power to resist
 food in obesity
 • curbs the appetite
 • suppresses gnawing bulk hunger

Neisler
 Irwin, Neisler & Co. • Decatur, Illinois
 samples on request



have you made your
 contribution to
 medical
 education?

Whether you contribute direct
 to your Alma Mater or your
 State or County Medical Society
 or, through the American Medical
 Education Foundation —
 Why not DO IT TODAY?

american medical education foundation

535 N. Dearborn Street Chicago 10, Ill.
 • This space contributed by the publisher

BROKERS' COMMISSIONS

ary offerings are announced over the ticker tape. You can ask your broker to keep you posted on them as they occur in stocks you think you might be interested in buying.

¶ *Stock rights.* Companies often issue their stockholders "rights" to buy new shares in proportion to the number they already own. Sometimes the company permits you to exercise such rights directly rather than through a broker. If it does, you avoid paying a commission on the new shares you pick up. Early this year, for example, A.T. & T. offered its stockholders a chance to buy \$100 worth of convertible bonds for every nine shares of stock they already held. And stockholders could send their orders directly to the company.

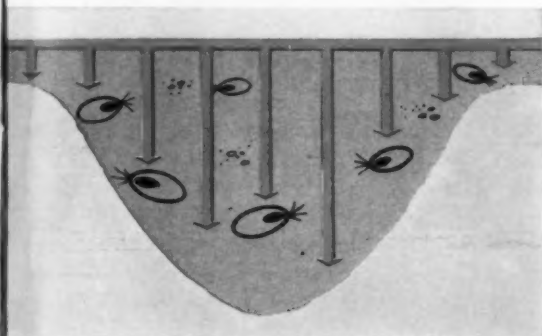
¶ *No-load mutual funds.* Most mutual funds charge a commission of about 8 per cent when you buy their shares. But a few charge nothing at all. Among the no-load funds are such companies as Scudder, Stevens & Clark; Loomis-Sayles; and the Energy Fund. In effect, when you buy shares of a mutual fund, you acquire a proportionate slice of all the securities in the company's portfolio. In a no-load fund you get it all commission-free. END

*Breaks through the
treatment barrier of
vaginal leukorrhea*

SEEKS OUT and EXPLODES the NOMAD TRICHOMONAD

The trichomonad likes to wander. It hides under debris and mucus, and burrows deeply into the crypts and crevices^{1,2} of the vaginal vault "where the albumin normally present acts to protect many of the organisms from surface medication."¹

For this reason, leukorrhea has remained most obstinate until the introduction of Lycinate vaginal tablets.



Lycinate
vaginal tablets
penetrate
from without
then
explode the
trichomonads
from within

Lycinate, in addition to its surface active medicaments, contains lysing agents which carry the protozoacide-fungicide, Diiodohydroxyquin, through mucopurulent discharge to reach even deep-seated pathogens.

Once in contact, Lycinate dissolves cell membranes, denatures cell proteins, penetrates the pathogens, causing them to swell and explode.

Each tablet contains:

Diiodohydroxyquin.....	100 mg.
Sodium lauryl sulfate.....	5 mg.
Dioctyl sodium sulfosuccinate.....	5 mg.
Aluminum potassium sulfate.....	14 mg.
Lactose.....	380 mg.
Dextrose, anhydrous.....	650 mg.

1. Davis, C. H., and Grand, C. G.: Continued Studies on the Treatment of Trichomonas Vaginitis Infections, *Am. J. Obst. & Gynec.* 68:559 (Aug.) 1954.

2. Weiner, H. H.: Treatment of Trichomonas Vaginitis, *Clin. Med.* 8:25 (Jan.) 1958.

Supplied: Boxes of 50 with applicator

NEW *Lycinate*TM
VAGINAL TABLETS

LLOYD BROTHERS, INC. • CINCINNATI 3, OHIO

ENHANCES
THE
"PRIME
OF
LIFE"



MI-CEBRIN

(Vitamin-Mineral Supplements, Lilly)

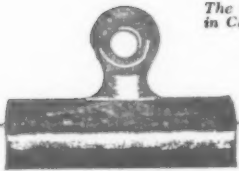
comprehensive dietary support
for healthy tissue metabolism



OFFICE MANAGEMENT MEMO

From Irwin Hoffman, M.D.

The author is an internist practicing in Cedarhurst, N.Y.



Rx for Telephone Interruptions

My office routine used to be interrupted quite often by telephone calls from relatives of my hospitalized patients. I couldn't blame them for wanting to know how the patient was getting along. But in the case of a sick person with a large family, I found that such calls actually took more of my time than treating the patient did.

If you've ever had this problem, you may be interested in my solution. It's this:

Whenever I hospitalize a patient now, I make a note of the *one* relative who seems most responsible and intelligent. I get his phone number, and I tell him I'll call him every day, just after I've seen the patient. Most important, I ask him to pass on these daily reports from me to the other relatives.

It works. I make such telephone calls at *my* convenience, usually just after hospital rounds. The relatives seem to appreciate my taking the initiative. And they no longer call me at the office.

END

Delayed-Action Suits Can Land You in Court

Continued from 85

always do so, as one California case illustrates:

The plaintiff charged she'd suffered severe internal burns as a result of a course of X-ray treatment. She claimed she hadn't discovered the full effect of the damage until long afterward. The court dismissed the suit when it found out what she meant by "long afterward." Her last X-ray treatment had been given eleven years before she'd brought suit!

4. The statute may not start to run until the patient's course of treatment ends—or even until the doctor-patient relationship ends.

In some states, medical treatment is considered "as a whole." That is, if you're treating a patient for a certain condition, the statute doesn't come into effect until after you've finished your entire course of treatment, no matter when the alleged injury occurred. For example:

When a certain Missouri physician set a broken arm in March, 1936, a locked elbow re-

sulted. After six months of treatment, the doctor decided he'd have to operate. Paralysis of the fingers followed; and treatment was continued for another four years without success.

Finally, in 1942, the patient sued. The defendant pleaded that Missouri's two-year statute of limitations barred a suit, since the ill effects stemmed from a 1936 procedure. But the court rejected his plea on the ground that the statute hadn't started to run until the day of the patient's last visit.

New York courts are unusually strict in holding that their two-year statute starts to run on the date of the wrongful act. But even they have made exceptions in the case of *continuing* negligence during a *continuing* course of treatment.

In one such case, a physician left a sponge in the patient's abdomen following surgery to remove a tumor. The doctor continued treatment for two and a half years. Later, the patient sued.

The doctor then insisted that the action was barred by the statute, since the operation had been done more than two years earlier.

More▶

HE NEEDN'T BE HIGH-STRUNG

WEIGHT REDUCTION: Obese patients may resist dieting because they fear losing the emotional security which is often involved in overeating. AMBAR helps such patients hold the diet line by giving them a more alert, brighter outlook. **WITHOUT JITTERS:** Methamphetamine, a potent CNS augmentor, produces less cardiovascular effect than amphetamine. In AMBAR it is combined with just enough phenobarbital to prevent overstimulation. AMBAR EXTENTABS provide 10-12 hours of appetite suppression in one controlled-release, extended-action tablet: methamphetamine hydrochloride, 10.0 mg.; phenobarbital (1 gr.) 64.8 mg. AMBAR TABLETS for conventional dosage or intermittent therapy contain methamphetamine hydrochloride, 3.33 mg.; phenobarbital ($\frac{1}{4}$ gr.) 21.6 mg. A. H. ROBINS COMPANY, INC., Richmond, Va., Ethical Pharmaceuticals of Merit Since 1878

WEIGHT REDUCTION WITHOUT JITTERS **AMBAR**

methamphetamine and phenobarbital
TABLETS AND EXTENTABS®



DELAYED-ACTION SUITS

But the court found against the doctor. It maintained that since he'd had a *continuing* duty to repair the wrong done, the patient had a continuing right to sue.

A few states—notably Michigan and Ohio—hold that the statute doesn't start to run until the doctor-patient relationship formally ends. This can be interpreted to mean that as long as the physician remains the patient's doctor, he's liable for any injuries he's done the patient at any time during their relationship.

5. Even when a malpractice suit is barred by the statute, patients in most states can still sue on the ground that the doctor broke an implied contract by not using ordinary skill.

In some thirty states, the statute of limitations for a breach of contract (even an oral contract) is usually longer than that for malpractice or personal injury. In Missouri, for example, the usual time limit for a malpractice action is two years; for a breach-of-contract action, five years.

More▶

whenever he starts to



he's ready for **Delectavites**

*New vitamin-mineral supplement
in delicious chocolate-like nuggets*

Each nugget contains:

Vitamin A.....5,000 Units*
Vitamin D.....1,000 Units*
Vitamin C.....75 mg.
Vitamin E.....2 Units†
Vitamin B-1.....2.5 mg.
Vitamin B-2.....2.5 mg.
Vitamin B-6.....1 mg.
Vitamin B-12 Activity.....3 mcg.
Panthothen.....5 mg.
Nicotinamide.....20 mg.
Folic Acid.....0.1 mg.
Biotin.....30 mcg.
Rutin.....12 mg.
Calcium Carbonate.....125 mg.

Boron.....0.1 mg.
Cobalt.....0.1 mg.
Fluorine.....0.1 mg.
Iodine.....0.2 mg.
Magnesium.....3.0 mg.
Manganese.....1.0 mg.
Molybdenum.....1.0 mg.
Potassium.....2.5 mg.

*U.S.P. units †I.U. units

Dose: One Nugget per day
Supplied: Boxes of 30-one
month's supply
Boxes of 90-three
months' supply or
family package.



WHITE LABORATORIES, INC., KENILWORTH, N.J.

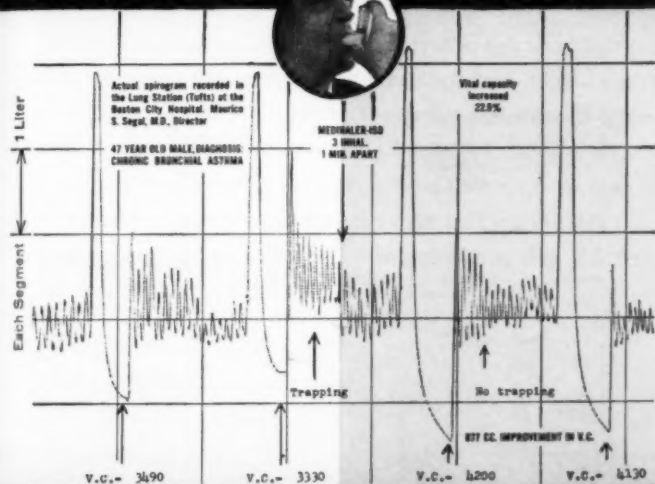
In Asthma

22.5% Greater Vital Capacity

AT A MOMENT'S NOTICE

Vital Capacity During Control Period

Vital Capacity After Medihaler-Iso



Medihaler-Iso

automatically measured-dose aerosol isoproterenol

Medihaler-Epi®

automatically measured-dose aerosol epinephrine

For quick relief of bronchospasm of any origin. More rapid than injected epinephrine in acute allergic reactions.

Epinephrine bitartrate 7.0 mg. per cc., suspended in inert, nontoxic aerosol vehicle. Contains no alcohol. Each measured dose 0.15 mg. epinephrine.

Premicronization assures optimum particle size for maximum effectiveness. Medihaler-Iso is unsurpassed for rapid relief of symptoms of asthma and emphysema. In spill-proof, leakproof, shatterproof vest-pocket size dispensers.

Isoproterenol sulfate, 2.0 mg. per cc., suspended in inert, nontoxic aerosol vehicle. Contains no alcohol. Each measured dose 0.06 mg. isoproterenol.

Riker

Northridge, Calif.

SAFE FOR CHILDREN, TOO



MEDICAL ECONOMICS • NOVEMBER 10, 1958 289

This patient's blood-pressure controlled for the first time without side effects

Remember this particular patient. He typifies the thousands of patients involved in a clinical investigation which promises to bring about a major change in rauwolfia therapy. The patient is being treated in a Massachusetts hospital. His blood pressure without treatment ranged up to 220/138; now *for the first time*, it is being maintained near normal *without side effects*. This dramatic case history is part of the story of a remarkable new antihypertensive agent

SingoserpTM
(syrosingopine CIBA)

coming as soon as sufficient supplies are available...
from CIBA, world leader in hypertension research.

2/2600MR



DELAYED-ACTION SUITS

It's true that damages in a breach-of-contract case are generally limited to the patient's out-of-pocket expenses. So the awards in such cases are likely to be much smaller than those in malpractice suits. Even so, lawyers are often willing to shoot for the lesser target when the statute of limitations clearly bars them from shooting at the bigger one.

In a recent New York case, for example, a patient belatedly

sued a surgeon who'd left an arterial forceps in the abdomen during an appendectomy. The State Supreme Court threw out the malpractice suit because it had been filed too late. But the patient then sued for breach of contract. The statutory period for such suits is six years in New York, as against only two for malpractice actions.

And the patient won. He was specifically denied recovery for pain or suffering. But the de-



"I think I overdid the T.L.C."

Malpractice Prophylaxis

Inviting Consultation in
Questionable Progress

*Specialized Service
makes our doctor safer*

THE
**MEDICAL PROTECTIVE
COMPANY**

FORT WAYNE, INDIANA

Professional Protection Exclusively
since 1899

Operating in: Calif., Fla., Ill., Ind., Ia.,
Kans., Ky., Mass., Mich., Minn., Mo., Neb.,
N. J., Ohio, Pa., Tex., Wis.



Obocell

doubles the power to resist
food in obesity

- curbs the appetite
- suppresses gnawing bulk hunger

Neisler

Irwin, Neisler & Co. • Decatur, Illinois
samples on request

DELAYED-ACTION SUITS

fendant had to reimburse him for all surgical, hospital, and nursing fees, as well as for drugs and other expenses connected with the operation.

So there you have the five most common exceptions to the general application of the statute of limitations in malpractice suits. There may be additional exceptions in your state. Or there may be none at all (as in Connecticut and Delaware, for instance). Your best safeguard against unforeseen contingencies: When in doubt, consult your attorney.

END

Amusing . . .

Amazing . . .

Embarrassing . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your training.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40 for it.

Contributions must be unpublished. They cannot be acknowledged or returned. Those not accepted within ninety days may be considered rejected.

Address: Anecdote Editor, MEDICAL ECONOMICS, Oradell, N.J.

The new Comptometer Commander

"Makes Dictation Easy as Talking
to an Old Friend"



All controls are in the
palm of your hand...
with UNIMATIC
REMOTE CONTROL
MICROPHONE



- Dictate
- Listen
- Unlimited Review
- Erase unwanted words
- Mark end of letter... electronically
- Use same machine for dictation, transcription
- Lifetime belt—never wears out

Try it FREE in your office

Doctors tell us, "At last I'm free of the bothersome mechanics of dictation." Reason is, you never touch the Comptometer **Commander**. Reports, forms, case histories, letters, are handled as easily as talking to an old friend, because **ALL** controls are in the palm of your hand with **unimatic** remote control microphone. The same machine serves as a transcriber . . . for it's easy to transcribe as to listen, because, with perfect dictation, there's no need

for time-wasting, error-breeding pre-editing. Best of all, the Comptometer **Commander**, actually pays for itself over and over. The mailable Lifetime guaranteed Erase-O-Matic belt wipes clean, electronically, in a second, ready for re-use thousands of times. No recurring cost for belts, discs, or cylinders.

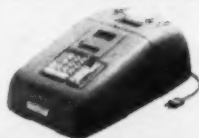
Learn how easy dictation can be—how anyone can turn out a greater volume of perfect letters easier, faster! Want proof? Mail the coupon.

Comptometer Corporation

BETTER PRODUCTS
TO BETTER BUSINESS



NEW Automatic COMPTOMETER—
World's fastest way to figure . . . now
faster than ever. Try it **FREE** on your own
work. Mail coupon.



Comptometer COMPTOGRAPH "220M"
— with new multiplication key — more
features than any other 10-key listing
machine. Try it **FREE**. Use coupon.

Comptometer Corporation

1714 Marshfield, Chicago 22, Ill.
In Canada: Canadian Comptometer,
Ltd., 1375 Yonge St., Toronto, Ont.

- ☐ Arrange a **FREE** office trial for me on:
- ☐ Send me literature on:
- ☐ Comptometer **COMMANDER**
- ☐ **COMPTOMETER**
- ☐ Comptometer **COMPTOGRAPH "220-M"**

Name _____
Firm _____
Address _____
City _____ Zone _____ State _____

Will Your Estate Plan Really Work Out?

Continued from 95

another change he planned to make. Rather than leave his estate outright to his wife, he wanted to put most of his assets in a testamentary trust (one that would take effect at his death). That way, he felt, a bank trustee would relieve Mrs. Barnes of all money-management worries.

I advised the doctor against it. Though trusts are often excellent planning devices, I felt that in this case the trust might be pretty small for efficient operation.

Not Worth the Cost

"If you were to die unexpectedly tomorrow," I explained, "your estate wouldn't amount to much more than \$30,000, apart from your life insurance and your home. That may not be enough to justify a trustee fee. Besides, you've told me that Mrs. Barnes has good business sense. Why not leave the management of her money entirely up to her?"

But Dr. Barnes didn't expect to die. He looked forward to long years of estate-building. So

he had his lawyer provide for the trust in his will.

That was four years ago. I never saw the doctor again. But I've met his widow. And I've once more reviewed his financial records.

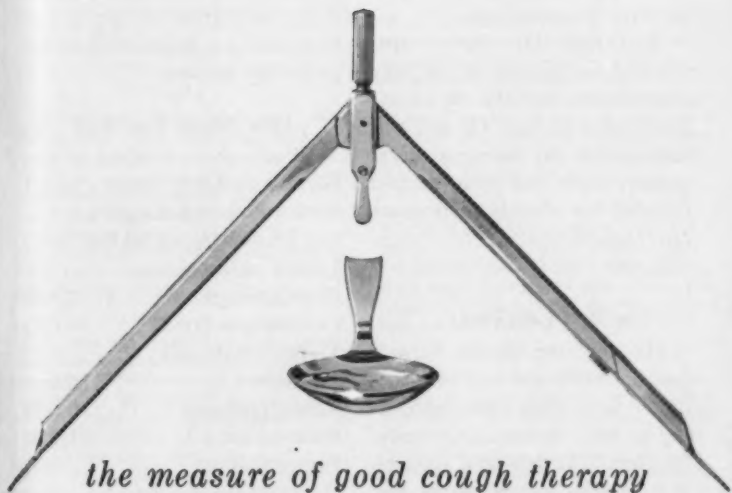
Two weeks after the funeral, Mrs. Barnes wrote and asked me to look over her financial situation. She sent along a huge bundle of documents and arranged to see me a week later.

Headed for Trouble

After spending only a few hours with the papers, I could see that the doctor's widow was in for a bad time. Her husband had gone his own way despite my advice (and perhaps the advice of others).

From 1954 to 1957, he *had* followed in general the investment-insurance program I'd suggested. But there was one big exception: He kept postponing the purchase of \$50,000 additional life insurance. That was bad enough. Then in December of last year he began tinkering with the coverage he already had.

You'll recall that he'd insisted on taking a \$20,000 term contract at the time I'd urged a



the measure of good cough therapy

pleasant taste

full dose of iodide

treatment for every phase of the cough

calcidrine



each tasty 30 cc. (1 fl. oz.) represents:

Dihydrocodeinone Bitartrate. 10 mg. ($\frac{1}{4}$ gr.)

Nembutal® Sodium. 25 mg. ($\frac{1}{2}$ gr.)

Ephedrine Hydrochloride. . . . 25 mg. ($\frac{1}{2}$ gr.)

Calcium Iodide, anhydrous. 910 mg. (14 gra.)

®Nembutal—Pentobarbital, Abbott

Abbott

WILL YOUR ESTATE PLAN WORK OUT?

\$200-a-month family income rider. Last December, he apparently decided I'd been right after all. So he applied for income coverage. But while his application was pending, he foolishly let his term insurance lapse.

And then Dr. Barnes discovered—ironically, in the very examination for the new contract—that he had TB and was uninsurable. By letting his term policies lapse too soon, he had reduced his already inadequate coverage of \$52,500 to a mere \$27,500.

'The Best-Laid Plans . . .'

He took the double blow—loss of health and loss of insurance—with great calm, according to Mrs. Barnes. Obviously, he must have felt he'd soon be well enough to replace the lost insurance. But it didn't work out that way.

His hospital stay stretched into weeks, then months. And in the long illness preceding his death, he made another unwise move. Without consulting his lawyer, he stripped his testamentary trust of most of its assets and endorsed them directly over to his wife. Only the rental real estate of which he

was part owner remained in trust for her.

This meant that the trust now had only \$10,000 in assets. The cost of administering such a trust generally is disproportionately high, since trust company fees may eat up a good third of the property's income.

How Much Was Left

What's the net effect of Dr. Barnes' mistakes? Here's how I summed up the family's financial position to his widow. First I listed all her assets:

Bank accounts	\$ 2,500
Government bonds	26,000
Mutual funds and stocks	16,000
Rental property	10,000
Business auto	1,500
Personal auto	500
Overpaid income tax	800
Life insurance	27,500
Residence	25,000
Total	<hr/> \$109,800

Nothing to Sell

Next I assured her that final illness and funeral costs of \$8,500 would be met by liquidation of the doctor's accounts receivable (about \$6,700) plus disability insurance proceeds of \$2,000. (Since his had been a

Cardiograph Quotable Quotes

"An Electrocardiograph is an instrument which will, if perfectly designed and made and used correctly, record the electrical activity of the heart *only* of an inert patient, and should not record any mechano-electric characteristics of itself nor the habits, ignorance or idiosyncrasies of the operator, nor the demands of he who reads the trace."

★

"An Electrocardiograph tracing which fails to show a standardization pulse over a base (isoelectric) line taken while the recording paper is moving, together with a similar pulse placed on each lead, does not assure the interpreter that the recording was made with any degree of accuracy. The standardization pulse reflects the accuracy of both the amplitude and the time duration of complexes."

★

"Response characteristics of the instrument are of paramount importance. The accuracy of the horizontal portions indicating time duration of the trace is directly proportional to the speed of the vertical movement of the stylus as displayed (rise time) by the standardization pulse. Each millimeter horizontally (at 25 mm. per second paper speed) represents an interval of .04 seconds. A delay of the response of the system, as indicated by the standardization pulse, continuously magnifies errors in measuring the timing in the horizontal trace. The galvanometer must so control the writing of the stylus that in vertical movement there is no overshoot due to velocity or weight, nor over-damping (undershoot), due to stylus-paper friction, inertia of the galvanometer itself, or characteristics of the amplifier."

★

"A wide base line may be suitable for photographic illustrations in a text but an ECG base line should never be wider than one-half millimeter for fear of destroying important information at various sharp angles of the trace such as at the

'Q' and 'S'. The narrowest (isoelectric) base line possible that is discernible is likely to produce the most revealing trace."

★

"Since intervals of time as indicated in seconds, or fractions thereof, in millimeters horizontally on the trace are of paramount clinical significance, no ECG can be depended upon unless it is continuously marked to show that the paper traveled underneath the writing stylus accurately at the time set: 25 mm. per second or 50 mm. per second."

★

"Since any muscle in action will generate an electrical current, the more sensitive and dependable the instrument the more apt it is to record such extraneous electrical activity. A completely inert patient is essential."

★

"Improper application of ECG electrodes, failure to make ideal contact to clean skin, failure to employ the finest possible electrolytic jelly, simply reduces the signal of the minute currents of the heart and invites disturbance from relatively stronger signals from nearby AC lines or other electrical devices."

★

The Birtcher Model 300 Electrocardiograph meets all of the above demands and more.

★

A request on your B blank or letterhead will bring you without further ado a large, five color brochure descriptive of the Birtcher Electrocardiograph and, as a gift, a new, special dual speed ECG measuring rule, together with a new booklet on cardiac diagnosis, both especially prepared for Birtcher by a distinguished cardiographer. Please address your request to: The Birtcher Corporation, Department ME-1158-A, 4371 Valley Boulevard, Los Angeles 32, California.

WILL YOUR ESTATE PLAN WORK OUT?

"hospital practice," there was no money to be realized from sale of practice or equipment.)

Finally I discussed her income prospects. She'd probably get about \$175 a month in investment income, I explained. And her meager insurance would pay \$400 a month for the next four and one-half years. This \$575 a month, I figured, would just about meet the family's living expenses.

"And when the insurance money stops?" she asked.

She'd Have to Work

"I estimate that your household expenses won't decrease for the next twelve years," I answered. "So when the insurance money is exhausted, you'll have to get at least a part-time job until the children are out of school.

"I used to be a nurse," said Mrs. Barnes.

"Good. Part-time nursing should bring you in about \$200 a month. Add this to your investment income of \$175 and you have \$375. That's still \$200 short of what you'll probably need. To make up the difference, I suggest you periodically cash in matured Government bonds. You have enough bonds to keep it up till your youngest child is almost through high school."

"But will I still have the stock?"

"Yes. By then it might well be worth much more than its present value of \$16,000—though, of course, we can't be sure. In addition, you'll still own your home. And after working as a nurse for some years, you'll be eligible for Social Security benefits at your retirement."

No College for Them

She thought for a long minute before saying: "Charles always planned on college for the children."

I'd struggled hard over the college problem. But I could find no ready solution. I had to tell her so.

The discovery of her real





Just one teaspoonful daily... stimulates appetite,
promotes growth... and corrects nutritional iron deficiency.

Troph-Iron^{*} Liquid

[B₁₂, 25 mcg.; B₁, 10 mg.; Iron (ferric pyrophosphate), 250 mg.]

Also Available: 'Troph-Iron' Tablets.

Smith Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off.

WILL YOUR ESTATE PLAN WORK OUT?

financial situation had come as a shock to Mrs. Barnes. Instead of going through the child-rearing years on insurance money, she'd have to become a working mother. Instead of living on income, she'd have to liquidate her small capital. But she smiled bravely. "We'll manage," she said.

What Might Have Been

I'm sure she will manage. But it won't be easy. Consider, on the other hand, how she'd have been left had the doctor insured himself properly:

From insurance alone she could have had \$600 a month for the next fourteen years. So she could have reinvested, rather than spent, much of the income and interest from her investments. And she could have financed college educations for the children by selling Government bonds.

When Dr. Barnes worked out his own estate plan, he assumed he'd live for a good many productive years. That's always a dangerous assumption. His widow wishes he'd taken some sound advice. END

whenever he starts to

CHEW

he's ready for **Delectavites**

*New vitamin-mineral supplement
in delicious chocolate-like nuggets*

Each nugget contains:

Vitamin A	5,000 Units*
Vitamin D	1,000 Units*
Vitamin C	75 mg.
Vitamin E	2 Units†
Vitamin B-1	2.5 mg.
Vitamin B-2	2.5 mg.
Vitamin B-6	1 mg.
Vitamin B-12 Activity	3 mcg.
Panthenol	5 mg.
Nicotinamide	20 mg.
Folic Acid	6.1 mg.
Biotin	30 mcg.
Rutin	12 mg.
Calcium Carbonate	125 mg.

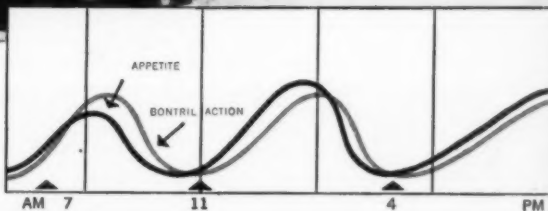
Boron	0.1 mg.
Cobalt	0.1 mg.
Fluorine	0.1 mg.
Iodine	0.2 mg.
Magnesium	3.0 mg.
Manganese	1.0 mg.
Molybdenum	1.0 mg.
Phosphorus	2.5 mg.

*U.S.P. units †Int. units

Dose: One Nugget per day
Supplied: Boxes of 30—one month's supply
Boxes of 90—three months' supply or family package.



WHITE LABORATORIES, INC., KENILWORTH, N.J.



**SHRINKS
THE
APPETITE...AT THE HUNGER PEAKS**

BONTRIL

**Curbs excessive desire for food Helps to ease
bulk hunger Reduces nervous tension hunger**

Each tablet contains:

Dextroamphetamine Sulfate...5 mg.
Methylcellulose350 mg.
Butabarbital Sodium.....10 mg.

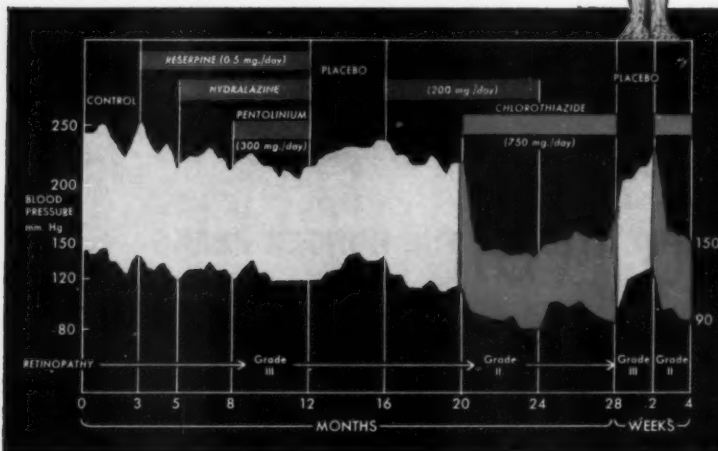
Dosage is flexible:

$\frac{1}{2}$, 1 or 2 tablets once, twice or three times daily. The usual dosage is one tablet upon arising and at 11 A.M. and 4 P.M.

CARNRICK G. W. CARNRICK COMPANY • NEWARK 4, NEW JERSEY

after investigator reports the

"Chlorothiazide (maintenance dose, 0.5 Gm. twice daily) added to the regimen of 73 ambulatory hypertensive patients who were receiving other antihypertensive drugs as well caused an additional reduction [16%] of blood pressure." "The advantages of chlorothiazide were (1) significant antihypertensive effect in a high percentage of patients, particularly when combined with other agents, (2) absence of significant side effects or toxicity in the dosages used, (3) absence of tolerance (at least thus far), and (4) effectiveness with simple 'rule of thumb' oral dosage schedules."



MERCK SHARP & DOHME Division of MERCK & CO., INC., Philadelphia 1, Pa.



s the effectiveness of

'DIURIL'

(CHLOROTHIAZIDE)

in

Hypertension

as simple as 1-2-3

- 1 INITIATE THERAPY WITH 'DIURIL'.** 'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.
- 2 ADJUST DOSAGE OF OTHER AGENTS.** The dosage of other anti-hypertensive medication (reserpine, veratrum, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be immediately reduced by as much as 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.
- 3 ADJUST DOSAGE OF ALL MEDICATION.** The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.

'DIURIL' is a trade-mark of Merck & Co., Inc.

Smooth, more trouble-free management of hypertension with 'DIURIL'

topical antipruritic potency without greasy stains

FLORINEF-S

SQUIBB FLUDROCORTISONE ACETATE WITH SPECTROCIIN (NEOMYCIN - GRAMICIDIN)

Cream

now, the same efficacy of Florinef-S in a smooth, white vanishing cream

- prompt antipruritic and anti-inflammatory action
- potent antibiotic action against bacterial invaders
- especially well-tolerated and non-irritating; no stain, no grease
- economical: very small amounts are highly effective



Clayman¹ recently treated 60 patients with various inflammatory dermatoses with Florinef-S. All of the 36 patients with contact dermatitis, and 23 of the 24 patients with other inflammatory dermatoses showed marked to satisfactory improvement, especially of the pruritus. The author stated that Florinef-S was "among the most effective medications available for the treatment of contact dermatitis and other inflammatory dermatoses..."

Dosage: Apply Florinef-S Cream lightly and sparingly over the affected areas 2 to 4 times daily.

Supplied: 5-Gm. tubes. Each Gm. of Florinef-S Cream provides 1.0 mg. (0.1%) fludrocortisone acetate, 2.5 mg. neomycin as the sulfate, and 0.25 mg. gramicidin.

Other members of the Florinef-S family: Florinef-S Lotion; Florinef-S Ointment; Florinef-S Ophthalmic Suspension; Florinef-S Ophthalmic Ointment.

Also available: Florinef Lotion and Florinef Ointment.

1. Clayman, S. J.: *J. Med. Soc. N. J.* 55:168 (April) 1958.



SQUIBB



Squibb Quality — the Priceless Ingredient

Florinef-S and Spectrocin are Squibb trademarks.

Abbot
Calc
Gra
Plac
Ald, I
Wes
Ameri
ucts
Non
Ameri
Caro
Ameri
Ameri
Fou
Ameri
AO
Ames
Clini
Uris
Baker
P &
Bauer
Elast
Hecton
Hyp
Ne
Birch
Mod
Borden
Bren
Bristol
Kant
Barrou
Suda
Carnat
Evap
Insta
Carnrie
Bont
Ciba P
Hradi
Nupe
Pyrib
Serpa
Sing
Tessa
Viofo
Colwell
1959

Index of Advertisers

Abbott Laboratories		Comptometer Corporation	
Calcitrine Syrup	105, 279, 295	Comptometer Commander	293
Gradumet Demoxyn	122, 123		
Placidyl	66		
Ald, Inc.		Desitin Chemical Company	
Westinghouse Laundromat	175	Desitin Ointment	33
American Cancer Society	182	Dietene Company, The	
American Cyanamid Co. (Surgical Products Div.)		Meritene	207
Non-Adherent Surgical Dressing	183	Dome Chemicals, Inc.	
American Ferment Co., Inc.		Hist-A-Cort-E Creme	158
Caroid & Bile Salts	220	Dubin Laboratories, Inc., H. E.,	
American Heart Association	175	Aminophylline	252
American Medical Education Foundation	242		
American Optical Company		Eastman Kodak Company	
AO Hb-Meter	265	Cine-Kodak Cameras	16, 17
Ames Company, Inc.		Eaton Laboratories	
Clinitest	306	Furadantin	262, 263
Uristix	36	Elbon Laboratories	
		Co-Nib	242
Baker Laboratories, Inc., Chester A.,		Endo Laboratories, Inc.	
P & S Liquid	31	Hycamine Syrup	21
Bauer & Black-Div. of the Kendall Co.			
Elastic Stockings	58, 59	Fleet Co., Inc., C. B.	
Becton, Dickinson & Company		Clysmathane Disposable Rectal Unit	271
Hypak Steril Disposable Syringe- Needle Combination	61	Florida Citrus Commission	
Birtcher Corporation, The		Citrus Juices	131
Model 300 Electrocardiograph	297	Frankay Laboratories, Inc.	
Borden Company		Phantos Capsule	233
Bremil	190, 191		
Bristol Laboratories, Inc.		Gardner, Firm of R. W.,	
Kantrex	Insert between 174, 175	Hyodin	308
Burroughs Wellcome & Co.		Geigy Chemical Co.	
Sudafed	202	Dulcolax	159
		General Electric Company	
Carnation Company		Patrician	74
Evaporated Milk	38, 39	Green Shoe Mfg. Co.,	
Instant Nonfat Dry Milk	249	Stride Rite Shoe	127
Carnrick Company, G. W.,		Grossman Clothing Co.	
Bontril	301	Austin Leeds and Groshire Suits	267
Ciba Pharmaceuticals, Inc.			
Bradosol	34, 35	Hankcraft Co.	
Nupercainal Lotion	163	Hankcraft Vaporizer	32
Pyribenzamine Expectorant	217		
Serpassil	108, 273	Irwin, Neisler & Company	
Singoserp	72, 290	Oboell	267, 282, 292, 308
Tossalon	246, 247	Rynatan	68, 69
Vioform-Hydrocortisone	139		
Colwell Publishing Co.			
1959 Daily Log	308		

NEW styling for known standard

To diabetics and their physicians, CLINITEST means rapid *and* reliable urine-sugar testing—standardized for accurate results every time. And now, the new streamlined model (No. 2105) gives your diabetics this standard test in the best looking, most efficient form.

CLINITEST. urine-sugar analysis set

- **functional:** full-view test tube always in place
- **refillable:** takes either bottle of 36 or sealed-in-foil CLINITEST reagent tablets
- **attractive:** two-tone, neutral gray plastic case

Model No. 2105 CLINITEST Urine-Sugar Analysis Set contains everything needed for accurate standardized testing: bottle of 36 CLINITEST Reagent Tablets, test tube, unbreakable dropper, color scale—instruction sheet, analysis record, diabetic's identification card



MODEL NO. 2105



AMES COMPANY, INC • ELKHART, INDIANA
Ames Company of Canada, Ltd., Toronto

INT

Kin
Ch
En
Kre
An

Lak
Im

Lave

La

Lede

Ac

Pa

Str

Leem

Ben

Cl

Lilly

His

Ho

Mi

Mi

Sar

Tri

V-I

Lloy

Dus

Lye

McGr

The

Edi

McNe

Clia

Par

Par

Medic

Medic

Mail

Memo

Bus

Merch

Mer

Cat

Cre

Dec

Di

Mep

Ne

Merre

Al

Ben

Kol

Qui

Minne

"The

Mulfor

Ane

Nation

Hesp

New

INDEX OF ADVERTISERS

Kinney & Company				Nion Corporation	
Chel-Iron	22, 23			Ninotabs	124
Emetrol	67			National Association for Mental Health	252
Kremers-Urban Co.				Organon Inc.	
Amgesic Cold Tablets	24			Cortrophin-Zinc	235
Lakeside Laboratories, Inc.				Parke, Davis & Company	
Imferon	218, 219			Ambenyl Expectorant	113
Lavoris Company, The				Benylin Expectorant	115
Lavoris	20			Myadec	109
Lederle Laboratories				Natabec Kapsals	117
Achromycin V	140, 141			Paracort Prednisone	111
Pathibamate	200, 201			Paracortol Prednisolone	111
Stresscaps	281			Pfizer Laboratories Div. of Chas. Pfizer & Co.	
Leeming & Co., Inc., Thos.,				Ataraxod	12
Ben-Gay	309			Bonamine	129
Clarín	50, 51			Cosm-Tetracyn	176, 177
Lilly & Company, Eli				Diabinese	Insert between 206, 207
Histadyl E. C.	47			Tyzine	226, 227
Homicebrin	6			Philips Co., The Chas. H., Div. of Sterling Drug Inc.	
Mi-Cebrin	284			Haley's M-O	110
Mi-Cebrin T	41, 42, 43			Pitman-Moore Company	
Sandril c Pyronil	45			Novahistine-DH	148
Trinsicon	49			Novahistine Expectorant	147
V-Kor	196, 197			Novahistine LP	146
Lloyd Brothers, Inc.,				Professional Printing Company, Inc.	
Duadacin	155			Histacount Bookkeeping System	241
Lycinate Vaginal Tablets	283			Reed & Carnrick	
McGraw Edison Company Div.,				Alphosyl Lotion	151
Thomas A. Edison Industries				Research Supplies	
Edison Voicewriter	73			Glukor	154
McNeill Laboratories, Inc.				Riker Laboratories, Inc.	
Clistin Expectorant	30			Deaner	28
Parafon	205			Medihaler-ISO	289
Parafon with Prednisolone	138, 150, 292			Robins Company, Inc., A. H.	
Medical Economics, Inc.				Ambar	287
Medical Protective Company				Donnagel with Neomycin	Insert between 74 & 75
Malpractice Insurance	292			Robitussin/Robitussin A-C	143
Memo Printing Co.				Phenaphen Plus	153
Business Cards	242			Robaxin	153
Merck, Sharp & Dohme (Div. of Merck & Co., Inc.)				Roche Laboratories, Div. of Hoffmann-LaRoche, Inc.	
Cathomycin	266			Madribon	211, 212, 213, 214
Cremomycin	156			Roeig & Co., Inc., J. B.	
Decadron	Insert between 270, 271			Antivert	162
Diuril	184, 185, 302, 303			Rorer, Inc., Wm. H.,	
Meprolone	172, 173			Ascriptin	275
Neo-Hydeltrasol	IBC			Schenlabs Pharmaceuticals, Inc.	
Merrell Company, The Wm. S.,				Titralac	171
Alertonic	224, 225			Schering Corporation	
Bentyl	IFC			Coricidin Syrup	187
Kolantyl	236			Polaramine	55, 135
Quiactin	269			Schmid, Inc., Julius	
Minnesota Mining & Mfg. Co.,				Tuk-A-Way Kit	231
"Thermo-Fax" Copying Machine	189			Searle & Co., G. D.	
Mulford Colloid Laboratories				Dramamine-D	118, 119
Anergex	253			Sherman Laboratories	
National Drug Company, The				Protamide	149
Hesper-C Prenatal	70			Shield Laboratories	
New Medical Products	168, 169			Riasol	71



Obocell®

doubles the power to resist
food in obesity
• curbs the appetite
• suppresses gnawing bulk hunger

Neisler

Irwin, Neisler & Co. • Decatur, Illinois
samples on request

GARDNER'S HYODIN

For INTERNAL IODINE THERAPY
Colorless — Effective — Palatable
Since 1878 we have specialized in
making Hyodin the finest preparation
for internal iodine medication.
Dosage — 1 to 3 tsp. in $\frac{1}{2}$ glass water—
 $\frac{1}{2}$ hour before meals. Available—4 and 8 oz.
bottles. Samples and literature on request.

Firm of **R. W. GARDNER** Orange, N.J.
Est. 1878

Ready Now!

FOR NEXT YEAR'S
SCHEDULING

**1959
DAILY LOG
for
PHYSICIANS**

The most practical and easy-to-use financial
record system ever devised for your profession
— praised and preferred by physicians since
1927. WRITE for complete information and
FREE Record Supplies Catalog.

THE COLWELL COMPANY
230 University Ave., Champaign, Ill.

INDEX OF ADVERTISERS

Smith-Dorsey	
Tussagesic	5
Tussaminic	223
Smith, Kline & French Laboratories	
Combidi Spansule	144, 145
Compazine	167, 234
Dexamyl/Dexedrine Spansule	52, 53
Thorazine	277
Troph-Iron Liquid	299
Vi-Sorbin	BC
Smith Co., Martin H.,	
Expasmus	252
Squibb & Sons, E. R., (Div. of Olin- Mathieson Chem Corp.)	
Diagnex Blue	64, 65
Florinef-S Cream	304
Kenacort	8
Mysteclin V	244, 245
Pentids	259
Strassenburgh Co., R. J.,	
Biphetamine Resin	192, 193
Travenol Laboratories, Inc.	
Vi-Cert C-1000	125
Upjohn Company, The	
Medrol	Insert Between 106, 107
Orinase	228, 229
Panalba	164, 165
U. S. Vitamin Corporation	
CVP	26, 27
United Fruit Company	
Bananas	18
United States Brewers Foundation, Inc.	
High-Vitamin, High Mineral Diet	114
Walker Laboratories, Inc.	
Precalcin Lactate	198
Wallace Laboratories, Div. of Carter Products, Inc.	
Deprol	14
Meprospan	142
Milpath	37
Milprem	195
Miltown	63
Miltrate	112
Warner-Chilcott Laboratories	
Anusol-HC	25
Biomydrin Nasal Spray/Drops	243
Pyridium	257
Sinutab	208, 209
Westwood Pharmaceuticals	
Footex Cream/Cake	261
White Laboratories, Inc.	
Cerofort	246
Delectavites	44, 57, 288, 304
Orabiotic	116
Whitehall Pharmacal Company	
Anacin	132, 133
Winthrop Laboratories, Inc.	
Neo-Synephine Compound Cold Tablets	232, 233
Woodlets, Inc.	
Ozium	182
Wyeth Laboratories	
Aludrox SA	169
Cyclamycin	10
Zactirin	261



High-concentration topical salicylate-menthol therapy (BEN-GAY) offers safe, penetrating relief of painful joints and muscles resulting from overexertion.

Benefits of Topical Salicylate in chronic rheumatic disease

Menthol-induced hyperemia plus high local concentration of salicylate has been recently rediscovered as one of the safest and most promptly effective remedies for rheumatoid discomfort due to exposure.



New, objective evidence:

A double-blind study¹ has reaffirmed the exceptional efficacy and safety of conservative, local treatment of chronic rheumatic disorders with BEN-GAY® (BAUME BENGUÉ), a high-concentration salicylate-menthol compound.

The local and systemic effects of BEN-GAY were evaluated by entirely objective methods in 211 subjects of both sexes suffering from various types of chronic arthritis, bursitis, neuralgia, myalgia and lumbago. Changes in range of joint motion were determined by goniometer and by flexion. Topical application of BEN-GAY measurably improved articular function in 94% when physical therapy was also used, and in 61% without adjunctive treatment. Efficient absorption of salicylate through the skin was indicated by an average urinary excretion of 15 mg. in 24 hours. No ill effects were reported or observed.

This controlled study offers new evidence of the efficacy and safety of local treatment of chronic rheumatic disease with BEN-GAY, one of the safest and most reliable formulae at the physician's disposal. BEN-GAY is available in two strengths, Regular and Children's. THOS. LEEMING & CO., INC., 155 East 44th St., New York 17, N.Y.

¹Brusch, C.A., et al.: Md. State Med. J.; 5:36, 1956.

More efficient salicylate penetration of treated area and quicker relief of pain is now made possible by water-washable, new GREASELESS-STAINLESS BEN-GAY.

Memo

From the Publisher

More Than a Magazine

Most doctors don't just *read* MEDICAL ECONOMICS. They save whole issues, clip out articles, talk about them with colleagues, and *act* on what they read. So Alfred Politz tells us.

Mr. Politz has done intensive readership studies of magazines like *Life*, *Look*, *Reader's Digest*, *Saturday Evening Post*—and recently, at our invitation, MEDICAL ECONOMICS. As I interpret his studies, the thing that sets this magazine apart is the high proportion of its readers who do more than just read it.

Of all the practicing physicians who read an average issue, according to Politz:

¶ More than 64 per cent save whole issues of MEDICAL ECONOMICS.

¶ More than 45 per cent clip articles out of MEDICAL ECONOMICS for future reference.

¶ More than 55 per cent discuss articles they've read in MEDICAL ECONOMICS with other physicians.

As for acting on the basis of what they read, the doctors interviewed by the Politz organization cite these typical examples:

"MEDICAL ECONOMICS forecast the recession for me, warned me in time to take up the slack in my charge accounts"... "I changed my fees—raised some, lowered others—after reading what colleagues were doing"... "This office was planned from a diagram in MEDICAL ECONOMICS"... "I switched to pictorial case histories after reading how much time they save"... "The Ten Best Medical Schools" helped me to pick one for my son"... "I set up my partnership on the basis of their advice."

If you've been helped in some similar fashion, don't thank us; thank yourself and your fellow readers. You are the ones who have made MEDICAL ECONOMICS more than a magazine. You've made it a swap shop of business ideas, a reference center for practice-connected problems, a national clearinghouse of nonclinical experiences.

A clearinghouse is effective only when those who take from it also give to it. MEDICAL ECONOMICS readers are givers without equal. Thank you in behalf of the beneficiaries: those who act on what they read. —LANSING CHAPMAN